DEPT.-65

JOB-31

REEL-15

KODAK SAFE

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate to retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls & 1 positive for hospital

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6720 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 8, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Götz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 15 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 235 E. Gough St.

Cause of Death,
First (Primary)
Second (Immediate) Pulmonary Phthisis. (Convulsions).

Duration of Last Sickness, Five months

the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem.

Date of Burial, June 9th.

Undertaker Medical Fund

Place of Business, 235 Bond

A. V. Gonzales M. D.
Medical Attendant.

Address, 253 Eastern Ave
East of Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on b

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E Bowser

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* one *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 1 Woodyear st

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 1 Woodyear

Cause of Death First, (Primary,) .....

Second, (Immediate,) infantile unknown

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 10th 1883

Undertaker, Alex Hensley

Place of Business, 116 Orchard

Geo C Ogle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

12

Board of Health, City of Baltimore,

Permit No. 67203 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 8th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijabeth Charles

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 255 Preston St

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 10th 1883

Undertaker Alex Hensley

Place of Business, 116 Orchard *Address,* 188 Franklin

D. H. Miller *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[Over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maryanna Snadon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Washing and Ironing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 47 East St

Cause of Death, First (Primary). Old Age

Second (Immediate).

Duration of Last Sickness. 5 weeks

All the above information should be furnished by the Physician.

Place of Burial. Asbury Cemetary

Date of Burial, June the 10th

Undertaker, Alexander Hamsley

Place of Business, Orchard St

Geo. W. Benson M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67205 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 01 33

CERTIFICATE OF DEATH.

Date of Death, June 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anton Hogsley Hogsley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and Number. } 321 S Charles St

Cause of Death, First (Primary),

Second (Immediate) Cerebro is of the Brain

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral C. Berry Bury

Date of Burial, June 11 Richard Brita M. D.

Medical Attendant.

Undertaker B. Mark

Place of Business, 62 West St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 67206

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 9 1 83

CERTIFICATE OF DEATH.

Date of Death, June 8 — 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Gabaxlein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since born

Place of Death, { Give street and number. } 635 S Durham

Cause of Death, First, (Primary.) Tuberculosis Pul,

Second, (Immediate.) " " "

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemy.

Date of Burial, June 11th 1883

Undertaker, H Hochler

Place of Business, 244 E. Lombard St.

I. L. Moyer M.D.,
Medical Attendant.

Address, 1 S. Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6920 7 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, June 9/83-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Clark Hussey -

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45- *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years -

Place of Death. {Give street and Number.} 180 Mc Henry St

Cause of Death. First (Primary). .....

Second (Immediate). Phthisis Pulmonalis -

One year

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, June 9th/83

Undertaker M. Cadogan

Place of Business, 227 Mulberry

Louis H Knight M. D.

Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6208 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Coyle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, {Give street and Number.} 165 Canton Avenue

Cause of Death. First (Primary).

Second (Immediate). Jaundice

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Saint Patricks Cem

Date of Burial, June 11th 1883

Undertaker M A Sajor

Place of Business, 745 S. Bway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6720 9 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1883

CERTIFICATE OF DEATH.

Date of Death, June 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heiche Brouski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 24 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 200 N Front st

Cause of Death, First (Primary), Feebleness, Bad food,

Second (Immediate), Infantile Diarhoe

Duration of Last Sickness, 8 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shel Shelolam

Date of Burial, June 11th

Undertaker Wm Eyland

Place of Business, 101 Bond st *Address,* 121 E Balto st

J. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67210 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. ~~June~~ 9th 83.

JUN 10 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hoefling

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age. —— *Years.* —— *Months.* 1 hour ~~Days.~~

Color. White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balt.

Duration of Residence in the City of Baltimore

Place of Death. {Give street and Number.} 14 E High

Cause of Death. First (Primary). Premature birth at six month

Second (Immediate). don't know.

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial. Balt. Cemetary

Date of Burial. 19th

Undertaker C F Kain

Place of Business. 62½ N. Balt. St. *Address.* 226 Aisquith St.

Louis Lee Korn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67211 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 10 1883

Date of Death, June 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lewis Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 5 *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Douglas st

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Phrenitis Convulsion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 11 1883

Undertaker, Charles White

Place of Business, 35 Druid Hill Ave

E C Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No 6 1212 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 10 1893

Date of Death, June the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Doyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 13 Jinkens ally

Cause of Death, First, (Primary,) Heavy cold and sornes in his Body

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, June the 10th

Undertaker, Wm J. Cray

Place of Business, 65 Mulberry *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67213 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 10 1893

Date of Death, June 9. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. D. Jamison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 271 N. Wolfe St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 10 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount ave

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Bank.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

14

Permit No. 67214

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 10 1883

CERTIFICATE OF DEATH.

Date of Death, June 10 1883 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Black

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 10 N. Amity

Cause of Death, First, (Primary.) Colitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 13 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bel air Rd

Date of Burial, June 12

Undertaker, Jacob Ahrens

Place of Business, ...

E Meiselbach M.D.,
Medical Attendant.

Address, 427 W. Fayette ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No 67215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 10 1883

Date of Death, June 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonsus McGlothlin

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the words not required in this line.} Male

Age, — *Years,* — *Months,* Thirteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 13 Park Street, City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Park St. "

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters Cemty

Date of Burial, June 10th 1883

Undertaker, Jos F Byrne

Place of Business, 39 N Liberty St

J. H. Lawlor M. D.
Medical Attendant.

Address, 244 N. Church

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6246 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 10 1883

Date of Death, June 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 Hull's Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, May 10th

Undertaker, Wm. W. Madden

Place of Business, 46 & 028 St

E. B. Tenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6721 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 10 1883

CERTIFICATE OF DEATH.

Date of Death, June 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael L. Morton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, house Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburgh Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 32 Saratoga st

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 10th 1883

Undertaker, Saml J. Crane

Place of Business, 178 Howard

P W Kohler M. D.,
Medical Attendant.

Address, 146 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6728 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 10 1903

Date of Death, June 9 1903

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation ~~None~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, { Give street and Number. } 1020 E. Monument St

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem

Date of Burial, June 10th 03

Undertaker G. Frank

Place of Business, Bond & Wolfe *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67217 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 10 1883

Date of Death, June 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Deets

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 40 S. Chapple St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, June 10th 83

Undertaker G. Frame

Place of Business, Bank & Wolfe

H. A. Cook M. D.
Medical Attendant.

Address, Balt. & Mar. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6220 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 108 E. Baltimore St

Cause of Death,
First (Primary), Spasms
Second (Immediate), Epilepsy

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 11th 83

Undertaker G. France

Place of Business, Bank & Wolfe

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67221 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Martha Fennell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 380 Asquith St.

Cause of Death, First (Primary), Typho-Malarial Fever,

Second (Immediate), Pneumonia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 11 83

Undertaker Upp & Son

Place of Business, 91 N Broadway

G. G. Luke *M. D.*
Medical Attendant.

Address, Balt. & Baker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67222 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Esther J. Murphy.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 185 Orleans St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, June 12/83

Undertaker, Joy Bro

Place of Business, 44 N Broadway

L. D. Guff, M. D.,
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Permit No. 67225

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Henson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 67 Raborg st

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, June 12th 1883

Undertaker, Alex Hunsley

Place of Business, 116 Orchard

E. H. Meierhoff M.D.,
Medical Attendant.

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas H. Lutz

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 107 S. Dallas St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, June 11th

Undertaker M Leipsic

Place of Business,

A Krepsherker M. D.
Medical Attendant.

Address, 11 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67225 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Conrad Held

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* One *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Line Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 307 Orleans St.

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 11th

Undertaker H Leipsic

Place of Business,

John H Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Bel

Board of Health, City

Permit No. 67224 *Office of Registrar of Vi*

The Physician who attended any [illegible] in a last illness, is responsible for [illegible] to the Undertaker or other person superintending the burial, within [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITH[illegible]

CERTIFICATE OF

Date of Death, June 10 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Held

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore Dia

Place of Death, {Give street and Number.} 10 [illegible] L

Cause of Death, First (Primary), Scarlet F

Second (Immediate), Pneumon Hyper T

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, June 10th A

Undertaker H Leipsic

Place of Business, Addre

Extract from Regulations of the Board of Health to secure a full City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any the Physician who attended during his or her last sickness, or the Coroner, forty-eight hours after the death, to the Undertaker or other persons superintending same can be ascertained, the full name, sex, age and condition (whether married date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67226 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Talbert.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St Vincent's Infant Asylum

Cause of Death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 12/83

Undertaker, Jas. Carroll

Place of Business, Division & Fremont

R. McE. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67227 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th — 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genevieve —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Remittent Fever —

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park —

Date of Burial, June 12/83.

Undertaker, Jas. Carroll —

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Hanover cor. Camden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67228 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~June 12/83~~ Bonnie Brae

Date of Burial, June 12/83

Undertaker, Jas Carroll.

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6722 E *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wilhelm Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 299 William st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1883

Undertaker, Ernst Schlosser

Place of Business, 200 Sharp st *Address,* 110 Fortan

O. A. Gaske M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67230 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 11 1883

Date of Death, June 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Kuchek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 286 Albemarle

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. St Aloysius Cemetery

Date of Burial. June 12 1883

Undertaker. John Heuvior

Place of Business, 382 Orleans St *Address,*

J. H. Carlin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6231 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 11 1883

Date of Death, June 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. S. Dunn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 7 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 42 S Arlington Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Albumen Urine

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 13th 1883

Undertaker, Jos H Coart

Place of Business, 707 Pratt St *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67232 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Jun 9. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Rapf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 5 Caton St

Cause of Death. First (Primary) Apoplexy

Second (Immediate)

Duration of Last Sickness, 15 min

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 11/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto

Alexander Finley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUN 11 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emiline Webster.

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~*Single,*~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation, Cook.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, 74 yrs.

Place of Death, { Give street and number } 49 Lewis Alley.

Cause of Death, First, (Primary.) Anuriem of the right common carotid

Second, (Immediate,) Embolism of the brain.

Duration of last Sickness, 15 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 11th 1883

Undertaker, Wm C Fry

Place of Business, 45 Saratoga St

Daniel Brown M. D.
Medical Attendant.

Address, 51 W. John's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67234 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Carlet

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 3 *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, { Give street and Number. } No 420 Canton Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Sts James Cem

Date of Burial, June 11th 83

Thomas B. Evans M. D.,
Medical Attendant.

Undertaker, E. Franke

Place of Business, Bantz & Wolfe *Address,* 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6735 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 3

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Schwartz

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 36 Abbott St.

Cause of Death. First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, June 4

Undertaker G Reinhart

Place of Business,

Geo. F. Dunn M. D.

~~Medical Attendant~~

Address, 2m. of Abbott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 & 10

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Deplanche

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days.*

Color, W.

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} E. Fayette & Low

Cause of Death. First (Primary), Measles

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 11

Undertaker B. Hall

Place of Business, 42 West St. *Address,* 313 Light

H. M. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6237 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Bruce

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland. (Lived here all)

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 35 Lowe st

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Consestion Lungs Heart-

Duration of Last Sickness, been sick 3 years

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 12

Undertaker B. Hall

Place of Business, 82 West St

E. N. Dorsey M. D.
Medical Attendant.

Address, 246 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67238 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1893

CERTIFICATE OF DEATH.

Date of Death, June 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of W. & W. Grams

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 months *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 410 Aisquith St

Cause of Death, { First (Primary), ... Second (Immediate), Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 11

Undertaker B. Hyatt

Place of Business, ...

Geo. W. Benson M. D.
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6/239 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1893

CERTIFICATE OF DEATH.

Date of Death, June 9 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gussie Price

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Boatman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 316 Kalorg St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 5½ months

the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, June 11 1893

Undertaker Wilmot & Zinger

Place of Business, 62 East St

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1893

CERTIFICATE OF DEATH.

Date of Death, 10th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Boze

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 9 Fremont Alley

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1893

Undertaker, Theo. Locke

Place of Business, 72 Jefferson St

John Dickson M. D.
Medical Attendant.

Address, 261 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Freeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Wexford, Ireland

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and Number.} 6 Milliman st.

Cause of Death, First, (Primary,) Chronic Nephritis (Bright's)

Second, (Immediate,) Uraemia

Duration of Last Sickness, Saw her for first time about one week ago, from her history judge that she was ill several years standing

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, June 11 1883 Geo. A. Hartman M. D.,

Undertaker, Jas O Byrne Medical Attendant.

Place of Business, 634 Hanover Address, 305 N. Carline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67442 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Watts

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the word not required in this line.}

Occupation House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 118 Orleans

Cause of Death, First (Primary),

Second (Immediate). Feebleness, old age

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1883

Undertaker John Lake

Place of Business, 466 Balto St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules here, and to List of Diseases on back of this Certificate.

20

Board of Health, City of Baltimore,

Permit No. 67245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Gadshall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Botanic Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} N 303 Penna Ave

Cause of Death, First, (Primary.) Chronic Cardiac Trouble

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 11 Inst

Undertaker, J. E Haugh & Co

Place of Business, 320 Penn Ave

Wm Amtage M.D.,
Medical Attendant.

Address, 414 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, June 10. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry H. C. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* (15) Fifteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 73 Park Street, Balt.

Duration of Residence in the City of Baltimore, 15 days.

Place of Death, {Give street and number.} 73 Park Street

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Weakness the younger of twins (Premature birth)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cem'y

Date of Burial, June 12th 1883

Undertaker, Jos H Byrne

Place of Business, 5 N Liberty St *Address,* 244 N. Carey Street

J. A Carlin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6/2415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolph Richter

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 45 *Years,* one *Months.* 22 *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Pharmacist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 18 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. Broadway 64

Cause of Death, { First, (Primary.) } Phthisis Pulmonum

{ Second, (Immediate.) } 3

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 13th 1883

Undertaker, Ch. Parker

Place of Business, 3 N. Frederick St *Address,*

C H Tick M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67216 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Saunders

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* ..... *Days,*

Color, ~~White~~ Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 69 Eutaw St Hospital Eighth of

Cause of Death, First (Primary), Pleurisy the Heart

Second (Immediate). Asthma

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 12

Undertaker H Ross

Place of Business, 95 Conway St

Thomas C de la M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7747

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67247 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Francis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 235 Forest

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Woodberry

Date of Burial, June 11th/83

Undertaker, H C Threadfield

Place of Business, 90 Fremont Ave.

Silas H Hunter M. D.,
Medical Attendant.

Address 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67288 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Cassidy.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Had none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md — 4 years

Duration of Residence in the City of Baltimore, 4 Adison St.

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Vincents

Date of Burial, June 11th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Jno. Brooke Boyd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67249 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Howard Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 mo *Years,* *Months,* *Days,*

Color, Coll

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 45 Jenkins ally

Cause of Death, First, (Primary,) meningitis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 11th 1883

Undertaker, Wm J Gardner

Place of Business, 83 W Balt Ave

G Law Tonyhill M. D.,
Medical Attendant.

Address, 219 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is req[illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67250 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Timms

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Seventy Seven years

Place of Death, { Give street and Number. } 131 Gough St.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness. One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway Address, 207 N. Broadway

Nicholas L. Duthill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 47257 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 12 1 1903

Date of Death, June. 11, 1903

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie L. Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 610 N. Pratt St.

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and Number.} 610 N. Pratt St.

Cause of Death, First (Primary), Marasmus,

Second (Immediate).

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 12/03

Undertaker Geo Lambert

Place of Business, 859 W Pratt *Address* 859 W. Pratt

A. W. Watts, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SI

Board of Health, City of Baltimore.

Permit No 6252 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1893

CERTIFICATE OF DEATH.

Date of Death, June 11th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Shane

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* One hour *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 190 Eastern Ave

Cause of Death, { First (Primary), ... Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 12

{ *Undertaker* D Shane

{ *Place of Business,* ..... *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6733 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1883. 1. A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Roe

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, Twenty three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. C.

Duration of Residence in the City of Baltimore, Two years

Place of Death. {Give street and Number.} 2. Little Paca St

Cause of Death, First (Primary),

Second (Immediate). Phthisis

Duration of Last Sickness, 9 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12th 1883

Undertaker John L Thacher

Place of Business, No 150 Camden St

H. J. Coffroth M. D.
Medical Attendant.

Address, 330 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physic[illegible]y Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67254 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hartlieb

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 252 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Meningitis (Tuberculus)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jun 12

Undertaker Henry Brill

Place of Business, Hanover St

Thos Berk M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67265 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Doherty

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Eight *Days.*

Color, White

Married, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Actor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2 E. Corner Eden & Madison Sts

Cause of Death, { First (Primary), ... Tetanus

Second (Immediate) ..... One Day

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 12. 1883

Undertaker M. A. Dager

Place of Business, 74 S. Bway

Nicholas O'Dashiell, M. D.
Medical Attendant.

Address, 207 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

...Attention of ... is invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67256 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Hennessy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixteen *Years,* six *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 12 East St

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loud Church

Date of Burial, June 12 1893

Undertaker, Wm. J. Singer

Place of Business, 62 East St

Medical Attendant. *M. D.,*

Address, 956 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 125

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6726 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Dennis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, 30 years —

Place of Death, { Give street and Number. } 5 & N. Eutaw

Cause of Death, First (Primary),

Second (Immediate). Inflammation of the brain

Five Days —

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 13th 1883

Undertaker

Place of Business, 36 Park Ave.

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67258 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 12 1883

CERTIFICATE OF DEATH.

Date of Death, June 10th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and Number.} 159 Druid Hill Ave

Cause of Death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 12 1883

Undertaker, B.H. Chase

Place of Business, 198 Howard

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6725

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ermit No. 6725-9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1903

CERTIFICATE OF DEATH.

ate of Death, June 10th

ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Skinner

~~Male~~ Female, {cross out the word not required in this line.}

ge, 70 Years, Months, Days.

lor, Colored

~~ried~~, Single, {Cross out the word not required in this line.}

ccupation, Servant

irthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline Co. Md

uration of Residence in the City of Baltimore, 17 years

lace of Death, {Give street and number} No 1— Argyle Alley Beat Camden

use of Death { First, (Primary.) Cerebral implication
Second, (Immediate,)

uration of last Sickness, about two years

All the above information should be furnished by the Physician.

lace of Burial, Laurel C.

ate of Burial, June 12 1903

Undertaker, C H Chase

Place of Business, 196 Howard

Geo. F. Shuman M. D.
Medical Attendant.

Address, 50 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67260 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 12 1883

Date of Death, June 11/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Henry

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months.* *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester N. Y.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death. {Give street and Number.} 120 Hanbert St. L. P.

Cause of Death, First (Primary), Puerperal convulsions

Second (Immediate),

Duration of Last Sickness, 1 week

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, June 12th 1883

R. W. Mansfield M. D.
Medical Attendant.

Undertaker H. Sinclair & Son

Place of Business, 252 Canton Ave *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67261 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 12 1893

CERTIFICATE OF DEATH.

Date of Death, June the 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} the infant of Sam Gorman and Mary Jane Buttler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 83 N Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtry

Date of Burial, June the 12th

Undertaker, Mr Loosh

Place of Business, Jefferson Spring St Address,

Geo. W. Dixon M. D.,
Medical Attendant.

Com Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 67262 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Klein

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ ✓

Age, 3 Years, 5 Months, Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 355 N. Central av.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, one days

All the above Information should be furnished by the Physician.

Place of Burial, L. Danes Ch

Date of Burial, June 13 1883

Undertaker, Henry Stocks

Place of Business, 1004 N. Eutaw St

P. L. Daniels M. D.,
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67263 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 12 1883

CERTIFICATE OF DEATH.

Date of Death, June 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Conrad J Wolfe

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 101 S Regester St

Cause of Death, First (Primary), ...

Second (Immediate). Invarietion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 9

Undertaker C A White

Place of Business, ...

Geo. K. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67264 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Bradshaw Small

Sex, Male or Female. {Cross out the word not required in this line.}

Age, [illegible] *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 209 E. Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia two

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, June 13

Undertaker [illegible]

Place of Business, *Address,*

M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6765 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 11 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abut 47 years

Place of Death, {Give street and Number.} S E Cor Bond & Preston

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,)

Duration of Last Sickness, Ailing for several months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 14th

Undertaker, Geo. Schilling

Place of Business,

D McCathran M. D.,
Medical Attendant.

Address, 21 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67266 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ~~*Months,*~~ ~~*Days,*~~

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Married ✓

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 62 Philpot st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 13th

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

Thomas J. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67267 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza ann Nuzum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth } Baltimore Md Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 76 Lanvale St Balto County

Cause of Death, First (Primary).

Second (Immediate). Died from the effects of a burn a day

Duration of Last Sickness.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13 1883

E. Williams M. D.
Medical Attendant

Undertaker John Heneig

Place of Business, 352 Orleans *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And it is further ordered and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67268 *Office of Registrar of Vital Statistics.* Ward 16.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hartwig

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Widow or Widower~~

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 313. W. Pratt

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, Balto = Boundary

Date of Burial, June 14th 1883

Undertaker Ph. Seewald.

Place of Business, 35 S. Eutaw St. *Address,* 283. W. Lombd

Edwd F. Michaëlis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 67269

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No 67269 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice E. Price

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 39½ S. Caroline St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 yr

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1883

Undertaker J. C. Locke

Place of Business, 93 Jefferson

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67270 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1893.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dorsey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Retired

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, { Give street and Number. } 383 Bleecker

Cause of Death, First, (Primary,) Chronic

Second, (Immediate,) Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Aug 14 1893

Date of Burial, Holy Cross

Undertaker, Henry Hergenrother

Place of Business, 1 Central ave

John F. Monmonier M. D.,
Medical Attendant.

Address, 81 W. Calvert Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore.

Permit No. 67271 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Herman Fouks

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, About 30 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Not Known

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Anemia

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13th 1883.

Undertaker Geo. Leimbach

Place of Business, 389 W. Pratt St.

[illegible] M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No 6727 2 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, one year & Six Months

Place of Death, {Give street and Number.} 245 North Calhoun St

Cause of Death, First, (Primary.) Inflammation Brain

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, June 13-83

Undertaker, Leary & Mulcahy

Place of Business, 55 W Fayette St *Address,* 318 W Fayette St

N. W. Little, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No 67273 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 13 1893

CERTIFICATE OF DEATH.

Date of Death, June the 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Elisabeth Tilg

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* *Days,*

Color, Black

Married, Single, ~~Widow~~ or *Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 9 Courtland St

Cause of Death, First (Primary).

Second (Immediate). hawy could

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St country

Date of Burial, June the 13

Undertaker Wm J Gray

Place of Business, 65 Mulberry St

Geo. N. Dennis M. D.
~~Medical Attendant~~

Address, Bm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th June 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Callahan

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, { Give street and number. } 162 N. Hoffman St.

Cause of Death, { First (Primary,) Cancer, Uterus,
Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem Geo J Collins M. D.

Date of Burial, June 14th 1883 Medical Attendant.

Undertaker, Chas J Lorman

Place of Business, 271 N Eutaw St Address 80 N. John Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6775 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Ed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Bridge Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, June 13th 83

Undertaker G. Frame

Place of Business. Bank & Wolfe *Address,*

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67276 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. June 12th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bruce Merrick

Sex, Male or Female. {Cross out the word not required in this line.}

Age. ——— *Years.* 2 *Months.* 4 *Days.*

Color. white

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation None

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. Since birth

Place of Death. {Give street and Number.} 7 Patterson St

Cause of Death. First (Primary). Pertussis

Second (Immediate).

Duration of Last Sickness. 3 wks

All the above information should be furnished by the Physician.

Place of Burial. Mt. Carmel Cem

Date of Burial. June 13th 1883

Undertaker C. Sanderson

Place of Business 252 Baltimore Address.

E. J. Williams M. D.
Medical Attendant
62 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67277 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Scharpfer.

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months.* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 200 E East ave

Cause of Death. First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 yr

the above information should be furnished by the Physician.

Place of Burial Balto. Cem.

Date of Burial, June 14. 83

Undertaker H Sander & Son

Place of Business 252 Eutaw St. *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6728 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Koch

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 260 Caut. ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, June 13. 83

Undertaker H. Sandy Son

Place of Business 202 Caton Ave Address, 117 S Broadway

R. W. Manchild M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6729 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Koop

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 260 Canton ave

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Galls Cem

Date of Burial, June 13. 1883

Undertaker H. Sander Son

Place of Business 202 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6720 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1883 REGISTRATION

CERTIFICATE OF DEATH.

Date of Death, June 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu L. Knudsen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 196 E. Pratt Street

Cause of Death, First (Primary), Accidental death from Inhal-

Second (Immediate) - ation Carbolic Acid

Duration of Last Sickness, a few hours

the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, June 13th

Undertaker Chas Kessling

Place of Business, 196 E. Pratt St. *Address,* 67 Eutaw St

Thos. M. Cottel M. D.
Medical Attendant.
Corner's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67281 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Chambermaid & nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 64 Little Mcelderry St

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14, 1883

Undertaker, William A. Fuge

Place of Business, 62 East H

D V Moyer M. D.,
Medical Attendant.

Address, 172 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67282 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin F. Wilkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 295 Mc Donough St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, June 14

Undertaker, Ely & Bro

Place of Business,

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 6783 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 14 1893

Date of Death, June 13th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Rebecca Nichols

~~*Sex. Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Nurse.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 62 Davis Street

Cause of Death. First (Primary), Tubercular Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 14th 1893

Undertaker Morgan & Pyle

Place of Business, 9 Mabury St *Address,* Ph 58 N. Liberty St

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67284 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Augusta Carrell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 8 Months, Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 66 Alford st.

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 14th 1883

Undertaker Alexander Hanby

Place of Business, 116 Orchard St

L. M. Hearn M. D.
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 67285 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John B. Gaulke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 1 E. Saratoga

Cause of Death, { First (Primary), Epilepsy

Second (Immediate), [illegible] }

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 14. 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or in case [illegible] when [illegible] coroner under his notice, to furnish within forty-eight hours after the death, to the Undertaker [illegible] the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 67286 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Moffitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 hours ~~Days~~,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 164 Battery Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 14

Undertaker, B. Glade

Place of Business, 82 West St

W. McC. Smith M. D.,
Medical Attendant.

Address, 582 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6728

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12/88. 2.05. A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Hammond

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Black.

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 201. Penna Ave

Cause of death, First, (Primary.) Diarrhoea (from dentition)

Second, (Immediate,) Entero Colitis.

Duration of Last Sickness, 13. days

All the above information should be furnished by the Physician.

Place of Burial, Board Cemetery

Date of Burial, June 13/88

Undertaker, C. P. Locke

Place of Business, 76 Jefferson

H. J. Hofroth M. D.,

Medical Attendant.

Address, 220. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Hensen

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Ship carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 11 Grindells court

Cause of Death, First, (Primary,) .....
Second, (Immediate,) General debility & old age

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 14

Undertaker, Jno. [redacted] Peterson

Place of Business, ...

W. C. Sandroek M. D
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 67289 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mansfield Miller.

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* — *Days,* /

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wagon Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 66. East. St. Balto.

Cause of Death, First, (Primary,) Typhoid Malarial.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, June 14 1883

Undertaker, Wilson & Sugic

Place of Business, 62 East St

J. E. Heard M. D.,
Medical Attendant.

Address, 216 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67290 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 - 93

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerome Thomas

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 Pig alley

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 1 Pig alley

Cause of Death, First (Primary), Strumous Diathesis

Second (Immediate), cold - Pharangitis

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 14

Undertaker H Ross

Place of Business, 15 dorcas St

Wm P. Schuman M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6729 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 day 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Small

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 141 York St.

Cause of Death, First (Primary), ...

Second (Immediate). Acute Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 15

Undertaker H Ross

Place of Business, N. Donnell & St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67292 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Edw. Dalin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 27 E. Biddle

Cause of Death, First (Primary), Meningitis

Second (Immediate) Paralysis

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1883

Undertaker William Weaver

Place of Business,

G. G. Luck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6729 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederic Bond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number.} 28 Tesseir St.

Cause of death, First, (Primary,)

Second, (Immediate,) Fever of Typhoid type.

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 th 1883

Undertaker, C. H. Bichel

Place of Business, 97 Druid Hill Ave

Edw. Janney, M. D.,
Medical Attendant.

Address, 242 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6794 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Corcoran

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 61 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} N. W. Cor Pratt & Hughes sts

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 16 1883

Undertaker, Jas A Byrne

Place of Business, 633 Lexington Address, 3 N. B'way

P. S. Daniels M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/295 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Klein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 355 N. Central av.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 14. 1883

Undertaker, Henry Hgelk

Place of Business, 359 Central av. *Address,* 3 N. Bway.

P. G. Dausch, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, upon the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67276 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Walz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 110 Somerset

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, June 15, 1889

Undertaker, Henry Hoerk

Place of Business, 309 Central Ave *Address,* Cor. Eden & Biddle Sts.

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

1

Board of Health, City of Baltimore,

Permit No. 6729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Heinrich Weber

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 3 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } 24 S. Caster St.

Cause of Death, { First, (Primary.) 3 Weeks. Second, (Immediate.)

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Luth.

Date of Burial, June 14 83

Undertaker, G. Thanz

Place of Business, Bank & Wolfe *Address,*

C. H. Feik M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67298 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Valentine Napfel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* 4 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 99 N. Chapel st.

Cause of Death, First, (Primary,) Double pneumonia

Second, (Immediate,) 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, June 14th 83

P. L. Dausch M. D.,
Medical Attendant.

Undertaker, G. Frank

Place of Business, Frank & Bro. *Address,* 3 N. Bway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67299 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Wood —

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum —

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 16 1883 —

Undertaker, Las. Carroll —

Place of Business, Division & Laurel

R. H. Goldsmith M. D.,
Medical Attendant.

Address. Baltimore & Calhoun —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67300 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R Eifler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurateur

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} 216 Frederick ave

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Five Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenbush

Date of Burial, June 17

Undertaker, Fairbus

Place of Business.

W. H. McShane M. D.,
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67301 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Gerazza

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Fruit-Vender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, About 13 yrs

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Debility

Second (Immediate), Embolism ?

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 14 1893

Undertaker J. B. Cook

Place of Business, 207 W Balto St

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6302 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. H. Vogt.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 75 Thames St.

Cause of Death, First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1883

Undertaker Peter Frey

Place of Business, 91 Eden St

Nicholas L. Duthiell, M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Re... ...low, and t... ...accompany ... on Back of this ...

Board of Health, City of Baltimore,

Permit No. 6303 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 June 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Schmeel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 159 Forrest st.

Cause of Death, { First (Primary), Second (Immediate). } Meningitis

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 15th

Undertaker, George Schilling

Place of Business,

J Hartman — M. D.
Medical Attendant.

Address, 54 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 67307 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Julius Sundine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* *Months,* Three *~~Days~~*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 94 Peach Alley

Cause of Death, First (Primary).

Second (Immediate). Convulsions 4 Dysentery

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 15th 1883

Thomas Cook M. D.
Medical Attendant.

Undertaker Julius Kohler

Place of Business, Cor. Mary & Cross St. *Address,* 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67205 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 14 1883 BALTIMORE Md.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Lewis Knauf,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 11 *Months,* *Days,* 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 115 South Register St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 16

Undertaker, H Sander & Son

Place of Business, Canton Ave

D W Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 67306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Frazier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 335 N. Broadway

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, About 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 13/83

Undertaker, Fry & Fee

Place of Business, 518 N Broadway *Address,* 512 N. Broadway

John G. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6730 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and over, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie C. Watts

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 34 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death. {Give street and Number.} 118 Bleaux Street

Cause of Death. First (Primary). Suicide by taking Laudanum

Second (Immediate). While Insane

Duration of Last Sickness, abt 12 Hours

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, June 16 1883

Undertaker John Lape

Place of Business, 166 E Balto St

C. Hilbert M. D.
Coroner & Physician
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 67308

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred S. Brown

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 402 Eutaw Place

Cause of Death, First, (Primary.) Chronic Disease of Kidneys

Second, (Immediate.) Gastro-Enteric Inflamation & Exhaustion

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Charlestown Jefferson Co W Va

Date of Burial, June 18th 1883

Undertaker, Holofuskin & Sons

Place of Business, Park & Saratoga Sts

Peyton Brooke M.D.,
Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67309 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Satterfield

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carlisle Pa 70d

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} #335 N Central Ave

Cause of Death. First (Primary),

Second (Immediate). Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 16 83

Undertaker H & H Weidenfeld

Place of Business, 40 Greenmount Ave *Address,* 136 N Exeter St

C S Mateer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 6731 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, prsooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June. 11 = 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Smith

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 100 Parkin St.

Cause of Death, First (Primary). Premature birth

Second (Immediate). Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, West. Pub. Cem.

Date of Burial, June. 13=1883

Undertaker F. A Kerchner

Place of Business, —

Wm. H. Jones M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

John. E Buckley

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6311 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Filing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 676 Light St.

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate). Dropsy — Exhaustion

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Lukes Cem

Date of Burial, June 16

Undertaker B. Wade

Place of Business, 52 West St

Geo. B. Reynolds *M. D.*
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 6731 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if known, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th June 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles J. Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months.* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7. Peach alley

Cause of Death, First (Primary). Measles

Second (Immediate). Convulsions

Duration of Last Sickness, 5. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15

Undertaker H. Ross

Place of Business 25. Lombard St.

T. A. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6733 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 14 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Brown

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required, in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 34 Etting St.

Cause of Death, First (Primary). .....

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Stamped at Cemetery

Date of Burial, June 15 1883

Undertaker Wilmot Singer

Place of Business, 62 East St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No 6731 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Chiles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 309 Syphax Ave

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 309 Lafayette Ave

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate), Spasm

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 17 1883

Undertaker John L Thacker

Place of Business, Park & Fayette Sts

J W Chew M. D.
Medical Attendant.

Address. 188 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 67315 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certification.

RECEIVED JUN 14 1893 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 14th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Bevans

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Nova Scotia, C

Duration of Residence in the City of Baltimore, Two Months

Place of Death, { Give street and Number. } Chestnut St 152

Cause of Death, First (Primary). Dysentery

Second (Immediate).

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 16 1893

Undertaker [illegible]

Place of Business, [illegible]

C J Mulhern M. D.
Medical Attendant.

Address, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia R Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 32 Oxford st

Cause of Death, First (Primary),

Second (Immediate). Heart Disease 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 18-1883

Undertaker O M Chase

Place of Business, 98 Howard st

Alexander Tinsley M. D.
Medical Attendant

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6731 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bell Smith

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* One *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 113 ½ Hunt St

Cause of Death, First (Primary),

Second (Immediate). Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15/83

~~Undertaker~~ John Smith (Father)

Place of Business,

W. P. Cave M. D.
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67318 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta F. Heckert

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, about 42 years

Place of Death, { Give street and Number. } 413 Franklin St

Cause of Death, { First, (Primary,) Severe Cold
Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Ill about 5 months ill

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, June 17th 1883

Undertaker, F. Frank Lowe

Place of Business, 103 N. Stricker St

W. W. Hammond M. D., Medical Attendant.

Address, 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Sinclair

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 192 W Baltimore

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) ~

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, June 17th 1883

Undertaker, Wm B Lamb

Place of Business, 1707 E Baltimore

Robt K. Kneas M. D.
Medical Attendant.

Address, 557 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67820 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. June 16 " 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Frederika Luckert

Sex, Male or Female. {Cross out the word not required in this line.}

Age. 17 *Years.* 9 *Months.* ..... *Days.*

Color. White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 199 Lanvale

Cause of Death, First (Primary). Congestion of Both Lungs

Second (Immediate).

Duration of Last Sickness. 12 hours

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park Cemetery

Date of Burial. June 18th 1883.

Undertaker Ernst Schlosman

Place of Business. 200. Sharp St. *Address,* .....

..... M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 67321 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Ridgeley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County Md.

Duration of Residence in the City of Baltimore, More than 20 years

Place of Death, {Give street and Number.} 18 Cider Alley

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, June 16

Undertaker F Kirchner

Place of Business,

A. K. Bond M. D.
Medical Attendant.

Address, 56 Chas St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 67822 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Josephine Polls

Sex, ~~*Male*~~ *or Female.* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 10 Winters.

Cause of Death. First (Primary), ...

Second (Immediate). Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. L

Date of Burial, June 14

Undertaker C. Kerchner

Place of Business, ...

Wm H. Emmert M. D.
Medical Attendant.

Address 10 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 67323 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bernard Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 10½ hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 92 Bank St

Cause of Death, First (Primary), Stenosis of Larynx

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 13

Undertaker W. Siffel

Place of Business,

Geo. Bryant M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

673244 **Board of Health, City of Baltimore,** 14

Permit No. ~~[illegible]~~

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter McShane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 14 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Brest. Leitz

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 27 S. Poppleton

Cause of Death, First, (Primary.) General Scrofula.

Second, (Immediate.) Bronchial pneumonia

Duration of Last Sickness, About four months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 16th 1883

Undertaker, James L Byrne

Place of Business, No 63 N Front St

Mahlon Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6325 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alden Speller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, ed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina, Weldon

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 31 W. Pratt

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate.) "

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, ~~Laurel Cemetery~~

Date of Burial, ~~June 14th~~ June 15th 1883

Undertaker, ~~Laurel Cemetery~~

Place of Business, ~~Pratt~~

R. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 6326 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Courtney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 65 North Caroline St

Cause of Death, First, (Primary,) Peritonitis Malignia

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 16 1883

Undertaker, Mary J. McGinnis

Place of Business, 708 Central ave

D W Cathell M. D.,
Medical Attendant.

Address, 2 N Bunting

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 6737 *Office of Registrar of Vital Statistics.* Ward 8 wd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Lail

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* 15 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boise Bal. City. ✓

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} Bolton Alley 203.

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Suffocation.

Duration of Last Sickness, Eight days.

the above info mation should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 16th 1883

Undertaker Lowe & Gray

Place of Business, 65 Mulberry

R. S. Hake M. D.
Medical Attendant.

Address, 649 Toma Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 67628 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Jenkins Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} S. E. Cor. Gilmor & Lexington

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Uraemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Long Green Balt. Co

Date of Burial, June 17th 83

Undertaker, J. H. Leonard & Bro

Place of Business, 732 W. Baltimore

J. H. Larkin M. D., Medical Attendant.

and H. M. Wilson M. D.

Address, (Consultation)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 19

Permit No 6/329 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby girl Brist Mohamed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 123 N Stricker

Cause of Death, First, (Primary,) died suddenly, cause unknown

Second, (Immediate,) —

Duration of Last Sickness, (only 4 days old)

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Cemetery

Date of Burial, June 17

Undertaker, Joseph Brock

Place of Business, 707 W Baltimore St

H F Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67330 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gründler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 39 S Durham

Cause of Death, First, (Primary,) Paralysis 4

Second, (Immediate,)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 16 F Jay

Undertaker, A. F. Link

Place of Business, 461 W Fay St *Address,* 19 S Broadway

Gilday M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 67361 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Kernan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 46 *Years,* 11 *Months,* 4 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} No 159 E. Baltimore cor. S. Central av.

Cause of Death, First, (Primary,) Disease of Heart mitral

Second, (Immediate,) and aortic valves insufficient

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross Cem.

Date of Burial. June 18. 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway.

P. G. Dausch, M. D., Medical Attendant.

Address, 3 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 67382 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Guy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 2 *Years,* 3 *Months,* 16 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 118 E. Pratt St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bell cemetery

Date of Burial. June 17 1883

Undertaker, James P Byrne

Place of Business, 463 W Pratt St

Jno. F. Powell, M. D., Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 67833 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 16 1933 BALTIMORE, MD.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Roebner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 2211 William st.

Cause of Death, {First (Primary), Second (Immediate).} Pneumonia double

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Woodlawn~~ Ft. Alfan

Date of Burial, June 17

Undertaker P. O'Neal

Place of Business, 62 West *Address,* 166. S. Paca st.

O. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended dursng his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 67334 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1883 BALTIMORE

Date of Death, June 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Greene

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 147½ York St.

Cause of Death, First (Primary), ...

Second (Immediate) Chronic Pneumonia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th

Undertaker Hercules Ross

Place of Business, Belmont St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of T...

Board of Health, City of Baltimore,

Permit No. 67835 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 43 Lewis St

Cause of Death, First (Primary), Anemia

Second (Immediate), Gastritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 18. 1883

Undertaker Henry McGinnis

Place of Business, 8½ Central Ave *Address,* 105 N. Central Ave

Francis J. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ... as Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 67336 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon H. Haynes.

~~Sex,~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 420 S. Paca St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 420 S. Paca St.

Cause of death, First, (Primary,) ...

Second, (Immediate,) Internal Spasm

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th 1883

Undertaker, Wm Mackey

Place of Business, 150 Eastern Ave

L. H. L. Tall M. D.,
Medical Attendant.

Address, 83, S. William St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Butler.

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Police officer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pittsburg, Pa

Duration of Residence in the City of Baltimore, 50½ years

Place of Death, {Give street and number} 115 Cross street

Cause of Death { First, (Primary,) Cancer of Stomach (Carcinoma
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 17 1883

Charles Getz, M. D. M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 579 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUN 13 1883 BALTIMORE

Permit No. 67338 *Office of Registrar of Vital Statistics* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence L Colton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} No 143 Gay St

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 18th

Undertaker Geo Schilling

Place of Business,

O. L. Mattson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 6739 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT JUN 16 1883 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate. He should be called and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stickler

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* 3, *Months,* ..... *Days.*

Color, ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 94 N. Amity St.

Cause of Death, First (Primary). Gastro Enteritis

Second (Immediate). .....

Duration of Last Sickness, One Month

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 17th 1883

Undertaker Ambrose Koehler

Place of Business, 244 E Lombard St *Address,* 2382 Broadway

W. La Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Page

Board of Health, City of Baltimore,

Permit No. 67340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lee Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 381 Mechanic al

Cause of Death, First, (Primary,) Scarlatina Malignia

Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th 83

Undertaker, John S. Parlett

Place of Business, #66 Frederick st

W. A. Jones M. D.
Medical Attendant.

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67341 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maria E. Landeis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 2 weeks.

Place of Death, {Give street and Number.} 40 Bolton St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) "

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Monday June 18th

Undertaker, Thos. J. McCoy

Place of Business, 22 N. Fayette St

I B Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2971

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69342

Office of Registrar of Vital Statistics. 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1883 BALTIMORE

Date of Death, June 16th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann O'Brien.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 29 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } St. Vincent's Infant Asylum,

Cause of Death, First, (Primary.) Marasmus —

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 17/83.

Undertaker, H. A. Dayer

Place of Business, Broadway near Fair

R. McSherry Smith M.D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67343 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Lyons

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bald.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 145 N. Albemarle St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 17th 1883

Undertaker Henry W. Means

Place of Business, 415 N. Gay St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 693444

Office of Registrar of Vital Statistics. 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 17 1893 BALTIMORE.

Date of Death, June 14 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Johnson

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give street and number.} 61 Booth St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harp St Cemetery

Date of Burial, June 17. 1893

Undertaker, Wilson & Unger

Place of Business, 62 East St

/ *M.D.,*

Medical Attendant.

Address, 1[illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69345 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Tolley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months.* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 57 N. Chapple St.

Cause of Death, First (Primary). Membranous Croup

Second (Immediate). Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 17th 1883.

Undertaker Theo J. Loaks

Place of Business, 73 Jefferson St

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore, 18

Permit No. 69346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17 33 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pollock

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Eating Playing Growing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 141 Ridgely St

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 18 th 1883

Undertaker, Julius Koehler

Place of Business, Cor Wesex Cross *Address,* 234 W Fayette

O. K. Ashler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully called to this Certificate.

Board of Health, City of Baltimore, 16

Permit No. 69347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16, — 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Zieget

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* 2 *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 Street St.

Cause of Death {First, (Primary,) Consumption of Lungs

{Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 18 Th 1883

Undertaker, Julius Koehler

Place of Business, 20 Sharp & Cross Address, 139 W Fayette

Dr Ruttenauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6784 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James, L. Bowen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 17 *Days,*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 307 Mcdonough St

Cause of Death, First (Primary), Typho. Malaria, Fever

Second (Immediate),

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 19 1883

Undertaker John W Jackson

Place of Business, Cor Eag & Lond

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 n. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 6734 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Williamson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 278 Orchard

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 2 O'clock

Undertaker Kahler

Place of Business, Cross Stand Sharp *Address,* 14 E Hanover

Edward Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67352 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M. Jamison

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 27 N. Wolfe St.

Cause of Death, First (Primary), Diphtheria

~~Congestion~~ Asphyxia

Second (Immediate). Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ballo

Date of Burial, June 18th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount ave

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Back Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or [illegible], when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/831 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 1883 ~~Infant of~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Wilten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* ——— *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 289 Cathedral St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 289 Cathedral St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) "

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, New Freiden Station Pennsilvania York County

Date of Burial, June 18

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* 307 Madison Av

B. B. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67852 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rhynehardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 126 Dolphin St

Cause of Death, First (Primary), Cancer in Stomach

Second (Immediate),

Duration of Last Sickness, Five years

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 18th 1883

Undertaker Armstrong & Canny

Place of Business, 263 Light St

H. B. Noble M. D. 9 Hanover Medical Attendant.

Rottered St Rail Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67333 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. L. Reichle,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 127 Fairmount Ave.

Cause of Death. First (Primary). Tuberculous Meningitis

Second (Immediate). Paresis

Duration of Last Sickness. Unable to state morbund when seen

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 18th 83 G. G. Lusk M. D.

Medical Attendant.

Undertaker, Penny Sanderson

Place of Business, 252 Canton Ave. Address, Balt. & Stark. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67354 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Kilgour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 4 — *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} # 420 Fulton Ave.

Cause of Death, First (Primary), Paralysis

Second (Immediate). Paralysis

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 18th 1883

Undertaker H. Lewis Schaefer

Place of Business, 109 N. Fremont *Address,* .....

J. W. J. England *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67366 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward G. Quinn.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, Errand boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} Balto City Hospl.

Cause of Death, First, (Primary,) Crushed leg.

Second, (Immediate,) Shock.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 19th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

J. H. Bowen M. D., Medical Attendant.

Address, City Hospl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67556 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophronia F Disney

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 29 *Years,* 10 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 21 Edmondson Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, About 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 18th 1883

Undertaker, John. S. Mosher,

Place of Business, 150 Camden St

E & Price & Son M. D.,

Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6735

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty four Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, house wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number.} No. 6 Durnall Ct Balto

Cause of death, First, (Primary,) ...

Second, (Immediate,) Consumption

Duration of Last Sickness, six wks.

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, June 19th 83

Undertaker, G. Frame

Place of Business, Paul & Wolfe, *Address,* 576 Bank St

A. Hanna M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

E 6

Permit No. 67357

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Krebs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} N. Castle St. 7.

Cause of Death, First, (Primary.) General Weakness

Second, (Immediate.) Paralysis of the brain

Duration of Last Sickness, for all his lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 19 83

Undertaker, G. Frame

Place of Business, Bank & Wolfe *Address,*

C. H. Fick *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June - 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Schell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 3 - months

Place of Death, {Give street and number.} 224 Bank st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, three (3) days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, June 19th 83

Undertaker, G. Franc

Place of Business, Bank & Wolfe

A. L. Lake M.D.
Medical Attendant.

Address, 237 Gough st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is especially invited to the Notice Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

Date of Death, June 17, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Owings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 10 *Months,* 2 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 693 Lombard St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Balto. Co.

Date of Burial, June 19 1883.

J. G. Lubkeman M. D., Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 67361

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE

Date of Death, June 18th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Simon A Walter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 27 *Years,* — *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 85 N. East St

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.)

Duration of Last Sickness, About 15 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, June 19th 1883.

Undertaker, STEWART & HOWEN, UNDERTAKERS, 58 Park Ave.

Place of Business,

H Ireton M.D.,

Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67362 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1883 at 4.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 Years, *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter at Store

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} No 11 Upton St

Cause of death, First, (Primary,) . Heart Disease

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jun 18 83

Undertaker, Alex Hemsley

Place of Business,

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 149 W. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67863 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 8 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 18 Marshall Ave

Cause of Death, First (Primary), Measles,

Second (Immediate). Pneumonia &

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, June 18

Undertaker B. Clark

Place of Business, 82 West St

Theodore Dietz M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1883

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ben. Berry

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Brick worker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 3 Plum al,

Cause of Death {First, (Primary,) — Second, (Immediate,)} Scrofula Some time

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19th 1883

Undertaker, Samuel Shaw

Place of Business, 98 & Howard *Address,* Hanover & Balto

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67365 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE

Date of Death, June 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Frank Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover – Germany

Duration of Residence in the City of Baltimore, ~~[illegible]~~ 34 years

Place of Death, {Give street and Number.} Cor of Mills & Chestnut Sts

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate),

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 18 1883

Undertaker Henry Lord

Place of Business, 300 W Balto St Address, Howard & Thos Sts Balto

Happeatan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

18

Permit No. 67366

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reese

~~Sex, Male~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Boarding House

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 30 N. Paca St

Cause of Death, First, (Primary.) Ankylosis of Knee Joint, Dropsy,
Second, (Immediate.) Rheumatic Gout, & Complication of Diseases

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, June 19th

Undertaker, Geo Schilling

Place of Business,

J. Kingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67367 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th June 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Scott

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, One Months, 15 Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 62 Dover St.

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Meningitis & convulsions

Duration of Last Sickness, 6. Days

All the above information should be furnished by the Physician.

Place of Burial Glas East Lanes

Date of Burial, June 18 1883

Undertaker H Ross

Place of Business, 95 Conway St

S. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69368 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 206 n Central av

Cause of death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,)

Duration of Last Sickness, about 2 yr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

F. A. Wane *M. D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69369 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Shannon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Night watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 24 North St

Cause of Death, First (Primary). Heart disease

Second (Immediate).

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 19th 1883

Undertaker Henry K. Mears

Place of Business, 145 N. Gay St

H. G. Connelly M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special [illegible] Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67370 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Nash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 1 Shields Alley

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Spasms

Duration of Last Sickness, (died suddenly)

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. June 18 1883

Undertaker, H Doss

Place of Business, 15 Courtland

W W Austin M. D., Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67371 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, June 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald Parks

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation Ship Joiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 136 Gough St

Cause of Death, First (Primary),

Second (Immediate). Asthma

Duration of Last Sickness, Eight Years

All the above information should be furnished by the Physician.

Place of Burial, N.O.C. Cemetery

Date of Burial, June 19th 83

Undertaker Jno. 3d Mitchell

Place of Business, 65 S. Broadway

Nicholas L. Cathell, Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... [illegible] ... list of diseases on back of this Certificate.

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Field

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 16 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hamburg St, near Sharp St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Hamburg St, near Sharp St.

Cause of Death First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 19th 1883

Undertaker, Wm J. Fichner

Place of Business, 65 S. Eutaw st

T. Field M. D.
Medical Attendant.

Address, 917 N Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6738 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Durham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 289 N Hoffman

Cause of Death, First (Primary), Cerebral Effusion 8 hours

Second (Immediate),

Duration of Last Sickness, 12 — Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, June 19th 83

Undertaker C. H. B. Lazard

Place of Business, 198 Penna Ave

H. C. Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67374 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Erich Bernhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four mos

Place of Death, {Give street and Number.} 312 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate) Diphtheria

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Westorn Cem.

Date of Burial, June 19

Undertaker B. Mark

Place of Business, 62 West St

A Knapp Shortzer M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

Board of Health, City of Baltimore,

Permit No. 67375 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. M. Gunther

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 9 *Months,* *Days,*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Piano tuner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Transfordt—on the maine

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 288 N. Howard St

Cause of Death, First, (Primary,) Consumption of lungs

Second, (Immediate,) —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 19th 1883

Undertaker, Wm H. Huckman

Place of Business, 1234 Jy St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67376 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Bunjik

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Nine years

Place of Death, { Give street and Number. } 97 Thames St.

Cause of Death, { First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 19th

Undertaker H. Lippel

Place of Business,

John H. Kehlenger M. D.
Medical Attendant.

Address, 1143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and eath, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67377 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Henson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* *Months,* *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.} single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 134 N Caroline St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, about six months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 19th 83

Undertaker, S. W. Shore

Place of Business, 158 E. Howard

D W Cathell M. D., Medical Attendant.

Address, 21 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67878 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th June 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Melville Childs

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co.,

Duration of Residence in the City of Baltimore, 1 yr. 6 mo.

Place of Death, {Give street and Number.} No 536 409 Harford Ave

Cause of Death, First, (Primary,) Cerebro Spinal Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, June 20th

Undertaker, Geo. Schilling

Place of Business,

John Coleman M. D.,
Medical Attendant

Address, 6 N. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19— 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Albert Richards.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give street and number} # 67 Union Street

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, June 19th 1883

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave near Biddle

Geo. A. Strauss M. D.
Medical Attendant.

Address, 51 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to Law of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Luckett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #15 Hillen St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, June 19th 1883.

Undertaker, Mr. W. Madden

Place of Business, 76 Eastern Ave

Sam'l Bath M.D.,
Medical Attendant.

Address, 134 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

12

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Armstead Boggs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 138 Tyson st

Cause of Death, {First (Primary,) Disease of bladder / Second (Immediate,)

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Quaucook Va

Date of Burial, June 19th 1883

Undertaker, Alex Tinsley

Place of Business, 16 Orchard st

Medical Attendant. M. D.

Address 137 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 67382 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Lam

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, In

Place of Death, {Give street and Number.} Kens Salt Wks

Cause of Death, First (Primary). 1 Accidentally Drowned

Second (Immediate). 2 (Supposed) 3 Sudden Death

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Bo

Date of Burial, June 19

Undertaker Geo Lueb arth

Place of Business,

Ralph Morfit M. D.

Coroner E6 Medical Attendant.

Address, 64 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rules Printed on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 67383 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Savonia Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 8 *Months,* 14 *Days,*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 mo 14 days

Place of Death, {Give street and Number.} 704 W Saratoga St

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, June 19 1883

Undertaker, William A Lange

Place of Business, 62 East St

Nathl Wright M. D.,
Medical Attendant.

Address, 55 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. . . [over.]

No. 6750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6 7384 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Lynch

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Dress maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Richmond Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 13 E Madison

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 20 1883

Undertaker Jas. Byrne

Place of Business, 63 Front *Address,*

Geo. W. Collins, M.D.
80 W. John St.
Geo. Lynch under
17½ Calvert
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67385 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabett Hohmann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 72 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 41 years. Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and Number.} Franklin St 151

Cause of Death, First (Primary), Carcinoma of liver

Second (Immediate). Malaise

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Great Home Cemetary

Date of Burial, June 17th 1883

Undertaker Geo Kaufmann

Place of Business, 619 Lemmon *Address,* 224 W Fayette St.

L G Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67386 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* 8 *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and Number.} 7 Brewers Alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), "

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1883.

Undertaker H. A. Bishop

Place of Business, 97 Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6738 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Faul

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 33 Stockholm St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate). Blood poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 20

Undertaker B. Ryland

Place of Business, 82 West 12 *Address,* 170 E. Pleasant St

Wm Gouldin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67388 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Fuhrimer

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty one Years

Place of Death, {Give street and Number.} 204 Aliceanna St.

Cause of Death. First (Primary).

Second (Immediate). Asthma

Duration of Last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial Eden St Hebrew Cemty

Date of Burial, June 20 th 1883

Undertaker Wm Elsee

Place of Business, 101 Gough St

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6738 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Moore

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colrd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and Number.} 47 arch St

Cause of Death, First (Primary), [illegible]

Second (Immediate). Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, June 19

Undertaker H Ross

Place of Business,

Alexander Finley M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 67390 *Office of Registrar of Vital Statistics,* Ward No. 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 20 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto 1 6 D.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Hacks Ally

Cause of Death, First, (Primary,) Dentition.

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 19th 1883

Undertaker, Thos J. Locks

Place of Business, 73 Jefferson St. *Address,* East Dist

Geo. D. Kinnemon M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. C [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67391 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Malley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 1 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Steamatter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and Number.} 274 W. Lombard Street

Cause of Death, First (Primary), Bronchitis Purulenta

Second (Immediate), Marasmus.

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Loudon Park

Date of Burial, June 20/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST., BALTIMORE, MD.

J. W. Fisher M. D.
Medical Attendant.

Address, 101 Cay & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore.

Permit No. 17392 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 20 1883 BALTIMORE

CERTIFICATE ~~OF~~ DEATH.

Date of Death, June 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Schmidt.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77. Years, Months, Days.

Color, White,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Marburg, Hesse Cassel, Ger.

Duration of Residence in the City of Baltimore, 54 Yrs.

Place of Death, {Give street and number.} 361 Mulberry St.

Cause of death, First, (Primary,) Organic Disease of Heart, and

Second, (Immediate,) Bright's Disease of Kidneys,

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 20/83

Undertaker. JOSEPH B. COOK,

Place of Business. Undertaker, &c 307 W. BALTIMORE ST. BALTIMORE, MD.

John L. L. Brown M. D.,
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 17595 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary B Dadell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 380 W. Lombard St.

Cause of Death, First (Primary),

Second (Immediate). Paralysis of Brain

Duration of Last Sickness. One & half days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 23d 1883

Undertaker JOSEPH B. COOK,

Place of Business Undertaker, &c. 393 W. BALTIMORE ST.

A. J. Shuman M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it ordained and established by the authority aforesaid,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KODAK SAFET

18

Board of Health, City of Baltimore,

Permit No. 67394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 13 Stockholm St

Cause of Death First, (Primary.) Chronic

Second, (Immediate.) Inflammation of Stomach

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sarh. St. Cemetery

Date of Burial June 20

R. C. Lee M. D.
Medical Attendant.

Undertaker, H. Ross

Place of Business, Monument St

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...l Special ...ation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 67595 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE, MD. JUN 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lauerhoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 98 Williams

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial Greenmount C.

Date of Burial, June 20

Undertaker, J. Koch

Place of Business, 82 West St

F. N. Nelson M. D., Medical Attendant.

Address, 57 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Henry Boyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Nine (9) *Years,* Five (5) *Months,* Twenty one (21) *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 146 Fairmount Ave

Cause of Death, { First (Primary,) Tubercular Meningitis
Second (Immediate,) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas. B. Lingan M. D.

Date of Burial, June 20 1883 Medical Attendant.

Undertaker, John Heaning

Place of Business, 342 Eutaw St *Address* 323 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6789 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Langenmann

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Belair ave

Cause of Death. First (Primary),

Second (Immediate). Cancer of Liver

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, June 21

Undertaker Geo Schulling. } Geo E Corse M. D.

Place of Business, *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials to the Office whence issued

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67878 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE. JUN 20 1883

CERTIFICATE OF DEATH.

Date of Death, June 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamen.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caswell Germany

Duration of Residence in the City of Baltimore, 83 yrs

Place of Death, {Give street and Number.} 149 N Eutaw St

Cause of Death, First, (Primary,) 2 days

Second, (Immediate,) Bright disease 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21st 1883

Undertaker, STEWART & MOWER, UNDERTAKERS,

Place of Business, 26 Park Ave

J H Pattison M. D., Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67522 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Bittrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 N. Chapel St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 14 days Dilyathudal case last two days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, June 20 83

Undertaker, G. Frame

Place of Business, Bantz & Wolf *Address,*

J. H. Ellenberger *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further ordained and established,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended him in his last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special ... Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 67460 *Office of Registrar of Vital Statistics.* Ward 14

JUN 25 1883 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

— No Permit for Burial can be Obtained without a Proper Certificate. —

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Kennard

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 25 *Years,* — *Months,* — *Days,* 7

Color, Black

~~Married~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } A. A. County

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and Number. } # 14 Hollins Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Years

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St cemetery

Date of Burial, June 20 1883

Undertaker, Wilson & Denger

Place of Business, No 62 East Street

E. W. Clark M. D.,

Medical Attendant.

Address, B. Gen Dispens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67401 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Virginia Scrivener

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, 10 Months, Days,

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 162 Sarah Ann St

Cause of Death, First, (Primary,) Hereditary Syphilis

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, June 20 1883

Undertaker, Wilson N Dunger

Place of Business, No 62 East Shaw

H M Wilson, M. D., Medical Attendant.

Address, Dead

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6742 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 182 S. Howard St.

Cause of Death, First (Primary), Collapse

Second (Immediate), Failure of Reaction

Duration of Last Sickness, 5. hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 1883

Undertaker Kennard & Haus

Place of Business, 195 E. Howard St.

C. D. Lyon M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67403 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 7. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hattie Fapp.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9½ *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate.) .....

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10

Undertaker, C. W. Bloxsom

Place of Business, 198 W. Lane

C. F. Brown M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[rtificate]

Board of Health, City of Baltimore.

Permit No. 6/4101 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
JUN 20
1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredk Meyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 1 *Years.* *Months.* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Canton Ice Wh[arf]

Cause of Death. First (Primary), 3 R. R accident

Second (Immediate), 3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 20, 1883

Undertaker M. A. Darger

Place of Business 74 S. Bway.

Chas. Wm. Wood M. D.
Coroner & Physician
Medical Attendant.

Address, 63 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67405 *Office of Registrar of Vital Statistics.* Ward: 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Peters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and Number.} 85 Hamburg Lane

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) age

Duration of Last Sickness, One minute

All the above information should be furnished by the Physician.

Place of Burial, Westheldel Pearl Grown

Date of Burial, June the 20

H. F. Kain M. D.,

Medical Attendant.

Undertaker, E. T. Mamuth

Place of Business, Appo 5th *Address,* 443 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 67406 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm G Rouse

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } 152 Scott

Cause of Death, First (Primary). Measles

Second (Immediate). Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, June 21st 1883

Undertaker Wm G. Tickner

Place of Business, 65 S. Eutaw St *Address,* 146 Hanover

Thomas Ryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

JUN 1883 BALTIMORE

Permit No. 6740 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Endley

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 2 *Years,* / *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 116 Hamburg St.

Cause of Death. First (Primary),

Second (Immediate), Gastro-Enteritis (Diarrhoal)

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Cedar Hill

Date of Burial, June 21

Undertaker B. Thaul

Place of Business, 821 Hart

Robert S. Rowe *M. D.*
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 67408 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minna Prue

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and Number. } 33 N Stockholm St

Cause of Death, First (Primary). Diphtheria

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Jany 20

Undertaker B Upland

Place of Business, 92 West St

Jno Gonder M. D.
Medical Attendant.

Address, 179 S. Stockholm St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... on Back of ...

9

Board of Health, City of Baltimore,

Permit No. 67409

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 19/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis C Kennard

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 S[illegible] Paul St

Cause of Death, { First, (Primary.) Meningitis

Second, (Immediate.) about 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 20

Undertaker, G Ruckard

Place of Business,

Thos. J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

9

Board of Health, City of Baltimore,

Permit No. 67410

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herbert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, unknown 8 Mos.

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Pulmonary Tubercle

Second, (Immediate.) ——

Duration of Last Sickness, about 1½ Mos

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 21/83

Undertaker, J Rinehart

Place of Business, City Hall

Thos. F. Ward M.D.

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No 6711 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE 1883 20

CERTIFICATE OF DEATH.

Date of Death, June 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Buchanlien Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,* 7

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City - 1859

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} Off Elevator B Locust Point

Cause of Death, First (Primary),

Second (Immediate). Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 20

Undertaker G Bouance

Place of Business,

D. A. Bell M. D.
Coroner 1st Dist
Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6744 2 *Office of Registrar of Vital Statistics.* Ward 17

JUN 20 1883 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *fraudulently filled out,* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Hyatt

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 265 Rabourn Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), Have not seen her myself. Diagnosis made in October 1882. A dispensary patient.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 20th 1883

Undertaker Wm. N. Dengue

Place of Business, No 62 East St

A K Bond M. D.
Medical Attendant.

Address, Penn I Md Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 67413 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Feller

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 925 N Paca

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 5 years

the above information should be furnished by the Physician.

Place of Burial, St. John

Date of Burial, The 21 June

Undertaker John P. Paulus

Place of Business, 466 Fredrick Ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 6/4/14 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the prompt filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Doney.

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 3-6 *Years,* *Months,* *Days.*

Color, (Col)

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} Balte City Hosptl.

Cause of Death, First (Primary).

Second (Immediate). Brights disease. Several months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E/

Date of Burial, June 20

Undertaker G. Ruehart

Place of Business,

J. W. Bowen *M. D.*
Medical Attendant.

Address, City Hosptl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6744 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 21 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer D. Evans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} ~~48 E. Bond St Balto~~

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 E. Bond St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 21 2 PM

Undertaker, H. Shultis

Place of Business, 201 E. Monument St

J. J. Groff M. D.,
Medical Attendant.

Address, 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67416 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Wenchel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 1 Bond St near 62

Cause of Death. First (Primary), Disease Stomach

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 21

Undertaker F Luedke

Place of Business,

O F Mahon *M. D.*

Medical Attendant.

Address, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 67417 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 13 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 181 Holland st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 181 Holland st

Cause of Death, First (Primary),

Second (Immediate) Eclampsia

Duration of Last Sickness, 10 or 12 hours,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 21st

Undertaker Geary & Kinsel

Place of Business, 5 N Central ave

F. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No 67418 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 21. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah S. Hardesty

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy five *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} S E Barre & Fremont Sts.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell

Date of Burial, June 22/83

Undertaker, Undertaker

Place of Business, 263 Eight

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6742 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kirby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* Seven *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 156 E. Lombard St.

Cause of death, First, (Primary,) Congestion of Brain.

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery

Date of Burial, June 22 d. 1883

Undertaker, Peter Frey

Place of Business, 91 Glen Ave

Walter Fox M. D.,
Medical Attendant.

Address, 1[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67420 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Tilly A Scott

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 *Years,* 3 *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cecil Co. Md.

Duration of Residence in the City of Baltimore, 4 Yrs.

Place of Death, { Give street and Number. } 216 Down St

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 24 1883

Undertaker, J S Wehave

Place of Business, 178 Howard St

Jno A Blake M. D.,

Medical Attendant.

Address, 168 Lacuby

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67421

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Galvin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto — Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 6 Union Court

Cause of Death, { First, (Primary,) Heart Disease

Second, (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1883

Undertaker, Wm N. Dugan

Place of Business, No 61 East St

S. M. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 67422 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Comford

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 33 (?) *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} Balto City Hospital

Cause of Death, First (Primary), Crushed arm

Second (Immediate), Shock

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial July 21 at 3 P.M.

Undertaker Geo W Spence & Co

Place of Business, 195 N Eutaw

J. W. Bowers M. D.
Medical Attendant.

Address, City Hospl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

9

Board of Health, City of Baltimore,

Permit No. 6742 3

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE

Date of Death, June 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Segerman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 38 Mulberry Street

Cause of Death, First, (Primary.) Measles, Laryngitis (acute) Tracheo

Second, (Immediate.) - bony. Bronchitis

Duration of Last Sickness, about 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st June 1883

Undertaker, H.W. Jenkins & Sons

Place of Business, Park & Saratoga Sts

Thackery Brewer M.D.,
Medical Attendant.

Address, 6 & N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6/4/24 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 21. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Turnbull

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — 7 — *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 Lafayette Ave.

Cause of death, First, (Primary.)

Second, (Immediate,) Acute Granular Nephritis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 23rd June 1883

Undertaker, H.W. Jenkins & Sons

Place of Business, Porter & Saratoga sts

John D. King *M. D.,*
Medical Attendant.

Address, 215 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67125 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and Number.} Balti City Hospital.

Cause of Death, First (Primary), Cancer Location in left Lung

Second (Immediate).

Duration of Last Sickness, Several month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 21 1883

Undertaker C F Krause

Place of Business, 209 Hanover *Address,*

J. W. Bowers M. D.
Medical Attendant.
City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Clay Hawkins

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 108 [illegible] St Mary's Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 108 St Mary's St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Debility

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn St Cemetery

Date of Burial, June 20 1883

Undertaker, Alex Hewes

Place of Business,

H. R. Stottlemyer M. D.
Medical Attendant.

Address, 205 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 48]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6742 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kunchoeski

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 259 Alice Anna St.

Cause of Death, First (Primary), Diarrhoea.

Second (Immediate), ...

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, June 21st 83

Undertaker G. Trance

Place of Business, Banks & Wolfe *Address,* 2438 Alice Anna St.

John H. Kehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6742 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Liebig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 219 E. Wolf St.

Cause of Death, First (Primary). Rheumatic Fever

Second (Immediate). Endocarditis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. P. & Thomas Cem.

Date of Burial, June 23rd 83 C. C. Cuth M. D.

Medical Attendant.

Undertaker G. France

Place of Business, Banks & Wolfe *Address,* 392 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER]

KODAK SAFETY FILM

The special attention of Physicians is temporarily invited to the Rules, and to Blanks, on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6429 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 21 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schmidt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Restaurant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} 284 Hanover St.

Cause of Death, First (Primary),

Second (Immediate). Cerebral Hemorrhage

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 22nd. Theodore Cotts M. D.

Medical Attendant.

Undertaker F. N. Gray

Place of Business, 1[illegible] Hanover St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67430 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rice

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 73 *Years,* —— *Months.* —— *Days,*

Color, White

~~*Married.*~~ ~~*Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, ——

Place of Death. {Give street and Number.} Md. Dime Asylum N. Broadway

Cause of Death. First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 21. 1883

Undertaker M A. Daige

Place of Business, 74 S. Bway,

F. D. Gorin M. D.
Medical Attendant.

Address, Md. Dime Asylum N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

Permit No. 6743.1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10.20 PM June 20 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Doss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Anoemia

Duration of Last Sickness, 24 days in Jail

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, June 21

Undertaker, G Rinehart

Place of Business, *Address*

D. P. Hoffman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67432 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mc Cinchey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 (P) *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Sailor (P)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Greenock, Scotland,

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} Balto. City Hospital.

Cause of Death, First (Primary). Rail Rood Injury

Second (Immediate). Shock.

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, June 21

Undertaker G Rinehart

Place of Business,

J. W. Bowers M. D.
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert F Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 6 *Months,* 13 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Marble-Polisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 20 Months

Place of Death, {Give street and Number.} 39 Stockholm St.

Cause of Death, First (Primary), Intussusception of the bowels

Second (Immediate), Singultus & Exhaustion

Duration of Last Sickness, 7d Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1883

Undertaker H Ross.

Place of Business, 95 Conway st *Address,* 146 Hill St.

L. V. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67767 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 12 1883 BALTIMORE

Date of Death, June 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Steward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* — *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 241 N Durham St

Cause of Death, First, (Primary,) Measels

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 83

Undertaker, J J Lock

Place of Business, 1113 Jefferson St

G. H. [illegible] M. D.,
Medical Attendant.

Address, 214 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/435 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Voght

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* Seven *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 4h. 1 Rt. Peters St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ——

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 21st 93

Undertaker, Mr L Haas

Place of Business, 317 Hanover St

Wm H Alderdice M. D.,
Medical Attendant.

Address, S. E. Cor Columbia Ave & Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67436 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 19th June 1883. 10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Antonio Horning.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty Seven 67 *Years,* 11 Months, *Months,* *Days,*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Machine Finisher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany - Bier

Duration of Residence in the City of Baltimore, about forty two (42) Years.

Place of Death, {Give street and Number.} No 12, Smith Street Baltimore.

Cause of Death, First, (Primary,) Morbus Brightii -

Second, (Immediate,) Dropsy and Hydraemia.

Duration of Last Sickness, more than one year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June the 21 1883

Undertaker, Mr L. Haas

Place of Business, 317 Mulberry

H C Naumann Bibler M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. 1883 BALTIMORE

Date of Death, June 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Talbot

Sex, Male or Female, {Cross out the word not required in this line.} girl

Age, Seven *Years,* Nine *Months,* fifteen *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Not any

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 12 Jordan Alley E. Biddle St

Cause of Death, First (Primary). Pneumonic Affection

Second (Immediate). Exhaustion (Apnea)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21st 1883

C. C. Benson M. D.
Medical Attendant.

Undertaker H. A. Pinkett Jr

Place of Business, 97 Druid Hill Ave *Address,* 14 Pearl Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67438 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 21 1883 BOARD OF HEALTH BALTIMORE

Date of Death, June 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Donka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all abv.

Place of Death, {Give street and Number.} Cor Washington & Lombard

Cause of Death, First, (Primary,) Enteritis Cholera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Westlayan Cemetery

Date of Burial, June 22 1883

Undertaker, John Hennessy

Place of Business, 352 Orleans St

B F Dorsey M. D., Medical Attendant.

Address, 128 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Vol. 67 f 39

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6744 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Berger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ansbach Bavaria

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 335 S. Bond St

Cause of Death, First (Primary), ...

Second (Immediate). Pneumonia

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 23d 1883

Undertaker Peter Frey

Place of Business, Eutaw & Pr

A Thrasher M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17

Board of Health, City of Baltimore,

Permit No. 67440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Barbara Metzger

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 22 E Heath

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, St Johns.

Date of Burial, 23 July

Undertaker, B Harle.

Place of Business, W st St 82

Geo. H. Benson M.D.,
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 67441

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Millard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Landed Reprietor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 699 N Calvert St

Cause of Death, First, (Primary.) Apoplexy, Paralysis - 2d attack

Second, (Immediate.)

Duration of Last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Co. Md

Date of Burial, 22d June 1883

Undertaker, H.W. Jenkins & Son

Place of Business, Park & Saratoga Sts. *Address,* 187 Eutaw St

R Dulaney M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 June 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mc Lulu Griffith

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 30 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Phila

Duration of Residence in the City of Baltimore, 15 Adolphus Apartments

Place of Death, {Give street and number.} 15 Adolphus St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) on

Duration of Last Sickness, Since March,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, June 23rd 1883

Undertaker, STEWART & HOWIE UNDERTAKERS,

Place of Business, 50 Park Ave.

F Donaldson M.D.
Medical Attendant.

Address, 108 Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67443 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Florence Leake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 136 George St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, June 22nd 1883

Undertaker, STEWART & MOWER, UNDERTAKERS, 30 Park Ave.

Place of Business,

J. J. Christian M. D., Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ad of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67444 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David J. Griffith,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male,

Age, 38 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, during Life.

Place of Death, {Give street and Number.} 406 Madison Avenue

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate.) Convulsions & Exhaustion,

Duration of Last Sickness, 5 days,

All the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial, June 24th 1883 C. L. Innes, M. D.,

Undertaker, Denny & Mitchell Medical Attendant.

Place of Business, 560 W. Fayette St. Address 406 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6444 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Medina

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, *Years,* *Months.* 20 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 444 Canton ave

Cause of Death. First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, June 22

Undertaker G France

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

Board of Health, City of Baltimore,

Permit No. 67446

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN. 22. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Hetten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* —— *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Undertaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 52 Wyatt St.

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Congestive Chill

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Centre

Date of Burial, 24 July

Undertaker, B Karle.

Place of Business, 121 W Balt St.

[illegible] M.D.,
Medical Attendant.

Address, 298 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67147 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dracina Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 444 Fort ave

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, 23 July

Undertaker, B Harle.

Place of Business, 1784 1782

Rt Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicisn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6744 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Webster

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 121 North St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 22nd 1883

Undertaker, Wm. N. Dunger

Place of Business, No 62 Coost St

G. F. Taylor M. D.,
Medical Attendant.

Address, 284 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6749 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 123 Gilsin St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harp St Cemetery

Date of Burial, June 22nd 1883

Undertaker, Wm. H. Engen

Place of Business, 10 & 12 Central

Wm H Antrim M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67460 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 22. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bosley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 36 South Bond St

Cause of Death, First, (Primary,) Not known to me

Second, (Immediate,) Cancer of the Uterus

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 23rd 1883

Undertaker, James D Byrne

Place of Business, No 63 S Howard *Address,* 36 S Bond

Milton A Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 67457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67457 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. W Allen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* ..... *Days,*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore Four months

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, June 22

Undertaker G Rinehart

Place of Business,

Walter Wyman M. D.
Medical Attendant.

Address, Wyman Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 67452

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 22 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday, June 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Houston

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Forty *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Springfield, Ill.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Courtland St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Pericarditis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, E. P.

Date of Burial, June 22

Undertaker, G Ruehart

Place of Business,

A. G. Hoen M.D.,
Medical Attendant.

Address, Waverley P.O. Box 51 Balto Co Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 67463

Board of Health, City of Baltimore,

Permit No. 67463 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1893

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lennon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 1 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 7 Wills Street.

Cause of Death. First (Primary), Measles

Second (Immediate). Pneumonia

Duration of Last Sickness, 6 days.

All the above into matters should be furnished by the Physician.

Place of Burial, Loudon Co

Date of Burial, June 22 93

Undertaker Wm Lippel

Place of Business.

Jno S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67432 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Keys.

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 25 Gravel Alley.

Cause of Death. First (Primary), Unknown

Second (Immediate), Phthis (?)

Duration of Last Sickness, She was brought to City Hosp. for Disp. to get Cod Liver Oil, but I have never seen the patient.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 22 1883

Undertaker Morgan & Pye

Place of Business, 119 Mulberry St

J. W. Bowers M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 67455.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67455 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Friedel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Six *Years,* One *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death. { Give street and Number. } 17 Gough St

Cause of Death, First (Primary). Measles

Second (Immediate). Congestion Lungs

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Ch.

Date of Burial, June 24. 1883

Undertaker H. Sanderson

Place of Business, 252 Gough Address, 105 N. Caroline

Francis J. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...by the Health Officer issued, Saturday of each week. 6/4136

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67456 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Kopp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months.* 18 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 260 Canton av.

Cause of Death. First (Primary), Diphtheria

Second (Immediate).

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Jan 23/83

Undertaker An. Saunder

Place of Business, 252 Canton av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 67457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67457 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 '83 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus L. Bernhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two mos

Place of Death, {Give street and Number.} 312 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, 12 of June

Undertaker B. Eller

Place of Business, 3 West St

Medical Attendant. M. D.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully called to the Office where Certificates are Filed, Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 67458 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Myers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 44 Winter

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, June 22 1883

Undertaker H Ross

Place of Business, 96 Conway st *Address,* 210 Sharpe St

A. E. Brun M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67459 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ June 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Wunder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Wyeth Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 23rd 1883

Undertaker, John Mauchen

Place of Business, 150 Camden

John D. Blake M. D., Medical Attendant.

Address, 168 S Pacaca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67460 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19. 1883

JUN 22 1883 BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Gilmore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 3/4 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Asylum & Childs Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 22

Undertaker, C W Blizzard

Place of Business, 178 Pine Ave *Address,*

C. F. Brun M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

67461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67461 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1899 BALTIMORE

Date of Death, June 21 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not requred in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 21 Short St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, June 23 1899

Undertaker, W. F. Lochy

Place of Business, 73 Jefferson Address, 134 N. Pine

G. F. Taylor M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 67462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67762 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

Date of Death, June 21st 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathaniel Tynes

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, Unknown *Years,* — *Months,* — *Days,*

Color, Negro.

~~Married, Single, Widow~~ or *Widower,* { Cross out the word not required in this line. }

Occupation Blacksmith

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Culpepper Courthouse; Va.

Duration of Residence in the City of Baltimore, About five Years

Place of Death, { Give street and Number. } 13. Brewers alley.

Cause of Death, First (Primary). Nephritis; Strangulated Hernia;

Second (Immediate). Coma; Uraemia; Exposure.

Duration of Last Sickness, 3 hours.

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd 1883

Undertaker W. H. Bishop Jr

Place of Business, 1 Dr Street Ext

Geo. C. Shannon M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Saturday of [illegible] No. 67463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67463 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 30 N. Pine St

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) ~~Pneumonia~~ Meningitis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 24th

Undertaker, Geo Schilling

Place of Business, ...

H. H. Wane M. D.,

Medical Attendant.

Address, 206 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY

No. 6744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6744 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, June 22nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Gradke

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} # 195 S Dallas St.

Cause of Death. First (Primary), Dropsy (Abdominal)

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Cemetry

Date of Burial, 23 June 1883.

John H. Kehlenya M. D.
Medical Attendant.

Undertaker John Hannay

Place of Business, 382 Adams St. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

...ay of each week. No. 67465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67465 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Hill St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 6 hours

the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 23rd 1883

Undertaker Jas R. Cook

Place of Business, 1707 E Baltimore St *Address,* 319 Hollins St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1406

Issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/466 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6.22.83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Melzler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~*Occupation.*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D. C.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and Number. } Ruby St 18-0

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, W Stanley Cemetery

Date of Burial, June 24th

Undertaker, J B Cook

Place of Business, 707 W Balt

J M Eastman M. D.,
Medical Attendant.

Address, 347 Ruby

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office whence issued, Saturday

No. 67467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67467 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

Date of Death, June 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Roche

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Waterford Ireland

Duration of Residence in the City of Baltimore, Thirty two (32) Years

Place of Death, {Give street and Number.} 5 S. Population St.

Cause of Death First (Primary), Paralysis of brain

Second (Immediate), 8 1/2 hours

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial Elkridge Landing Howard Co

Date of Burial, June 24th 1883

Undertaker Jos. B. Loats

Place of Business, No 707 W. Baltimore Street

H. A. Spicer M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 67468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 7

Permit No. 6746

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May G. Insp.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 346 ~~Durham~~ Lee

Cause of Death, First (Primary), Cholera Infantum,

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 24

Undertaker H Haeck

Place of Business,

Jno Kehoe M. D.

Medical Attendant.

Address 342 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, at the Office ... Saturday of each week No. 67469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67469 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Father - Fabian Franklin Mother - Christine L. Franklin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 211 Madison Ave.

Cause of Death, First, (Primary,) Cerebral effusion

Second, (Immediate,) Difficult delivery

Duration of Last Sickness, Whole Short time

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial. June 24

Undertaker, S. Ahrens

Place of Business, 31 N. High St.

F. H. Nolan M. D., Medical Attendant.

Address, 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 6947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6747 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Aires

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Three weeks ~~Months,~~ ~~Days,~~

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 65 Cambridge St -

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Marasmus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lens

Date of Burial, June 23

Undertaker, W. Dixell

Place of Business, 151 E Bond

H. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Returns for Burials, to the Office whence issued, Saturday of each week. No. 67471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 67471 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Johnson

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation House-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 28 Douglass st

Cause of Death, First (Primary),

Second (Immediate), Heart disease one hour

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 23 1883

Undertaker William T. Engel

Place of Business, 62 East st

H. Conner M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] Permits for Bur[illegible] is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPT. JUN 23 1883 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie ~~Stewart~~ Kelly

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, Twenty five *Years,* — *Months,* — *Days.*

Color, Bell —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace {State or country, (and how long in the United States, if of foreign birth.} Balto Co. City

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} No 2. St Paul's St.

Cause of Death First, (Primary.) Phthisis. —

Second, (Immediate,) Six Months.

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Saint Lukes

Date of Burial, June 24 1883

Undertaker, William F Lange

Place of Business, 62 East St

T. C. Nelson M. D.

Medical Attendant.

Address, 72 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 4. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued, Saturday of each week. 67473

The Special Attention of Physicians is Respectfully Invited to the Rules and to the List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67473 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday June 21st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ellen Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 287 Raborg St.

Cause of death, First. (Primary,) Congestion of Liver

Second. (Immediate,) Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1893

Undertaker, William A Engel

Place of Business, 62 East St

Hammett Jones M. D.,
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 6744

The Special Attention of ... to Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6744 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst Lockerman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 37 Chestnut st

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and Number. } 37 Chestnut st

Cause of Death, { First, (Primary.) Cholera Infantum
Second, (Immediate.) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 24, 1883

Undertaker, Wilhelm & Enge

Place of Business, 62 East St

J. E. Grenoble M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials to the Office ... so issued ... 67475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 67475

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Watchmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 128 W. Pratt St

Cause of Death, First, (Primary.) Cerebro Spinal

Second, (Immediate.) Old Age

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 25th June 1883

Undertaker, W. W. Jenkins & Sons

Place of Business, Saratoga St. *Address,* 2 Cathedral St

L. Jenkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. NO. 67476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67476 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 22nd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Boston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ---

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 162 Gough St.

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 24th 83

James E Donelle M. D.

Undertaker G. Frances — Medical Attendant.

Place of Business, Bank & Wolfe *Address,* 271 E Balto St.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued, Saturday of each week. 6947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6947

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 208 Vine St., Baltimore

Duration of Residence in the City of Baltimore, 2 mos. 7 days

Place of Death, {Give street and number.} 208 Vine St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt. Olivet Cemetery~~

Date of Burial, ~~June 24th 1883~~

Undertaker, ~~Barnes & Chase~~

Place of Business, ~~208 E. Monument St~~

L. L. Bitting M.D.,
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued Saturday of each week. No. 67478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67478 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12,5 7/12 June 22-23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Knoll

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 7 *Months,* 11 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 38.40 O Donnell St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 24th 1883

Undertaker, Lenhard Kurz

Place of Business, 277 E. Baltimore St

J. E. Pinchard M. D.,
Medical Attendant.

Address, 38, O, Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...City of Baltimore will make returns of all
Permits for Burials, to the Office ... issued Saturday of each week. No. 67479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67479 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Meremann,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore ✓

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and Number. } 211 N. Wolfe St.

Cause of Death,
First (Primary),
Second (Immediate). Meningitis

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cath

Date of Burial, June 24 1883

Undertaker Henry Hoeft

Place of Business, 309 Central ave *Address.*

A. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 67489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6711 **Office of Registrar of Vital Statistics.** **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ervge

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* — *Months,* — *Days,*

Color, Colr

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation — — —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and Number. } 598 Harford avenue

Cause of Death, First (Primary). Paralysis Agitans

Second (Immediate). Asthenia

Duration of Last Sickness Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St. Josephs, Balto Co

Date of Burial, June 24 1883

Undertaker Henry Koch

Place of Business, 304 N. Caroline Street

F. C. Bloch M.D.
Medical Attendant.

Eugene Hartman
Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

This Permit Must, in all Cases [illegible]

No. 69481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6746 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester McLane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* Three *Months,* [illegible] *Days,*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} No 89 Orchard

Cause of Death, First (Primary), Unknown

Second (Immediate), Marasmus

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1883

Undertaker H. A Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* Cor of Druid Hill Ave & Dolphin St

B F Bower M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials in City of Baltimore will make returns of all
Permits for Burials to the Office and Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67482 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 23d, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Woodward.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ Years, 1 Months, 7 Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore - Life.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum -

Cause of Death, First, (Primary,) Marasmus -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 24/83.

Undertaker, Leo - Carroll

Place of Business, Division & Lanvale

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Hanover Calhoun -

JUN 23 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6718 3 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James K. Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland (Harford Co.)

Duration of Residence in the City of Baltimore, Seventy Seven Years

Place of Death, {Give street and Number.} 60 S. Ann St

Cause of Death, First (Primary), ...

Second (Immediate). Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, June 24th 1883

Undertaker Penny & Butler

Place of Business, 65 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. ~~6750~~ *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Robison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hagerstown, Md

Duration of Residence in the City of Baltimore, about 10 yrs.

Place of Death, {Give street and Number.} 311 Franklin St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 24th 1883

Undertaker, H. Louis Schaefer

Place of Business, 109 N Fremont

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6/485 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 — 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Antoine Hassard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } /

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 28 Clement Court

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions 2 hrs

Duration of Last Sickness, Ten days Conf

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, June 24. th 1883.

E W Jones M. D.
Medical Attendant.

Undertaker Leonhard Kurtz

Place of Business, 227 S. Bond St. *Address,* 80 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions Printed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67486 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 23 1893 BALTIMORE

Date of Death, June 22 - 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Sitler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 167 S Caroline st

Cause of Death, First, (Primary,) Measles complicated with Teething

Second, (Immediate,) Laryngitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, June 24

Undertaker, Wm Silver

Place of Business, 161 Gough St *Address,* 128 Eden

L O Wolcott M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67487

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1883

CERTIFICATE OF DEATH.

Date of Death, June 22nd 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin B. Snyder.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Collector.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, Many years his life.

Place of Death, { Give street and number. } 18 W Gilmor St.

Cause of death, First, (Primary,) Organic Disease of Heart, (Valvular),

Second, (Immediate,) & Bright's Kidneys.

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 24/83

Undertaker, Henry Miltenberger

Place of Business,

John. I. A. Snyder M. D.,
Medical Attendant.

Address, 373 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67488 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1883

CERTIFICATE OF DEATH.

Date of Death, June 22nd 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 13 Second St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Hemorrage

Duration of Last Sickness, Several Mos

All the above information should be furnished by the Physician.

Place of Burial, E. Pale Cemetery

Date of Burial, June 23rd 83

Undertaker Geo Ridehart

Place of Business, H Office

A Traps Sharkey M. D.
Medical Attendant.

Address, 11 S Hugh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67489. *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 22 1883,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Marshall Pollock,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 21 *Years,* 2 *Months,* 5 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, { Give street and Number. } 3 Mulliken St

Cause of Death, { First, (Primary,) / Second, (Immediate.) } Consumption - 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 24 1883

Undertaker, Wm H. Buckman

Place of Business, 1234 St Paul

L. H. Honeck M. D.,
Medical Attendant

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1-1-10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67490 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Gamelin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 253 Eastern Avenue

Cause of Death, First, (Primary,) Asthenia following sickness

Second, (Immediate,)

Duration of Last Sickness, Two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, June 24 '83

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

D W Cuthell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special ... of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67491 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday June 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Garrett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 717 Lexington St.

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 5 or 6 Days 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 24

Undertaker, W. W. Chase

Place of Business, 18 & Howard

I, Dennis Morris M. D., Medical Attendant.

Address, 561 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6749

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6749 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Waldron

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 90 N. Lee St

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Low Septicaemia

Duration of Last Sickness, 3 Weeks

All the above info marion should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 25. 9 A. M.

Undertaker J. Muller

Place of Business 21 Harrison St. *Address,* 170 Thames St

W. Gonbel M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67493 *Office of Registrar of Vital Statistics.* Ward 3rd.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN. 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Irena Young.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ~~3~~ *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 142. N. Dolla St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Consultation

Duration of Last Sickness, 2 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, June 24th 1883

Undertaker, Wm. N. Dorsey

Place of Business, 412 East St

C. H. Gue M. D.,
Medical Attendant.

Address, 137 Dolla St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained by the Board of Health,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67494 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Drucella Manahan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 21 Byrd st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Patapsco near B. C.

Date of Burial, June 25th

Undertaker, B. Hinds

Place of Business, No. 52 W. Fay

Chas. A. Corkran M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 67[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67495 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M. Weland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 6 *Days,*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 56 Clarke St

Cause of Death, First (Primary), Marasmus

Second (Immediate), ~~Lifetime~~

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25

Undertaker B. Flagg

Place of Business, 56 West St *Address,* 70 S. Charles St

Wm Goodall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67496 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Mallinghy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 210 William St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet fever 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, June 25

Undertaker, F. Hurle

Place of Business, 82 West St

I. C. Bush M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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No. 6497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6497 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 4 40 P.M. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Webster Tubb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 19 Marie Ave Canton

Cause of Death, First (Primary), Marasmus

Second (Immediate), Cholera Infantum

Duration of Last Sickness, One Months - called in 2½ h.

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 25th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 297 E Pratt St.

James E Donelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

all No. 7498

Board of Health, City of Baltimore,

Permit No. 67498 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE 1883

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Burke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, About one year

Place of Death, { Give street and Number. } 73 South Calvert St

Cause of Death, First, (Primary,) Visceral Congestion

Second, (Immediate,) Paralysis of the heart

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents'

Date of Burial, June 24 1883

Undertaker J. W. Byrne

Place of Business, 624 Penn

J. H. Chew M. D.,

Medical Attendant.

Address, 237 Maryland Ave

Extract From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 67499

Board of Health, City of Baltimore,

Permit No. 67499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

U.S.P.O. DEPT. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kulas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 y *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 8 Alley off Pratt

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius bey

Date of Burial, June 24th 1883

Undertaker, Adam Finth

Place of Business, 461 N. Gayth Address S.E. Cor Gay & Caroline

F. H. Bolton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

a week. No. 67510

Board of Health, City of Baltimore,

Permit No. 67500 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 24 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23 of June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Roman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 186 Raborg Street

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Paul Cemetery

Date of Burial, June the 24

Undertaker Mr Dorgan

Place of Business,

Geo. R. Dixon M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67501 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Effing

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lehy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 206 Williams St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25

Undertaker, B. Hagle

Place of Business, 42 West St

D. Sullivan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for [illegible] the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE

Permit No. 67502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherin Heneckes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ~~Years,~~ ~~Months,~~ 6 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, { Give street and number } 194 Hanover St.

Cause of Death { First, (Primary,) Cyanosis. Second, (Immediate,) 6 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 24 1883

Undertaker, C. F. Krause

Place of Business, Address, Hanover & Barre Sts

R. G. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

No. 6 7803

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67803 *Office of Registrar of Vital Statistics.* **Ward** 15

HEALTH DEPARTMENT JUN 1883 BALTIMORE.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann M. Brennan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* 7 *Months,* 18 *Days,*

Color, White

~~Married, Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 240 N. Chas

Cause of Death, { First (Primary). Pneumonia

Second (Immediate). Softening of the Brain

Duration of Last Sickness, 1½ weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25 1883

Undertaker John Hennessy

Place of Business, 382 Orleans St *Address,* 146 Hanover

Thomas Cullen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office [illegible] Issued, Entered

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6732 ; *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Dawes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 11 *Months,* 28 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1 N. Durham St

Cause of Death; First (Primary), Phthisis Pulmonalis

Second (Immediate), Measles

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, 25th of June.

Undertaker Fred Goede

Place of Business, No 29 S. Caroline Address, W. H. Dorsett M. D. Medical Attendant. 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ts for Burial... ...issued, Saturday or ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67505 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 P.M. Friday. June 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellinore Schoeberline

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 424 Allisan St

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, June 24 1883

Undertaker, H Sander Jon

Place of Business, 202 Carlton Ave

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67586 *Office of Registrar of Vital Statistics.* **Ward** 24

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* [illegible] *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} County Wharf

Cause of Death. First (Primary), Accidentally Drowned

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, June 25. 83

Undertaker John Dein

Place of Business 262 Allicam

Chas McCahill M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phy... Permits for Burials, to be ... to the Health Department.

Board of Health, City of Baltimore,

Permit No. 6750 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lineberger

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months.* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Dunkirk

Cause of Death, First (Primary). Chronic pulmonary

Second (Immediate). Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Fleet st. Cem.

Date of Burial, 24th June

Undertaker W Dipsel

Place of Business, 151 & Bond *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June. 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 177 Hoffman Street

Cause of Death, {First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 25th 1883

A. J. Bell M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, #203 N. Eutaw St *Address* 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 67

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 6769 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June. 24 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant unnamed, give names of parents. } Lillie Windle,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years.* 5 *Months.* 22 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 180 Dover St.

Cause of Death. First (Primary), Pelvic Abscess.

Second (Immediate). Pyaemia.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 26 83

Undertaker J. Frank Loane

Place of Business, 538 N. Fayette St *Address,* 202 N. Lombard St

A. G. Watts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 67570 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 '83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Adkins

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* 10 *Days,*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 40½ Pearce St.

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial Shanfat Cemetery

Date of Burial, June 25 83

Undertaker Abt Shemsley

Place of Business,

F. B. Gardner M. D.

Medical Attendant.

Address, 120 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 6511 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hulda Schaefelberger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 9 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and Number. } Wilcox St & C.

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 25th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount ave *Address,*

A. J. Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That hereafter whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6752 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie F. Gunan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 12 Days,

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infants

Place of Death, {Give street and Number.} 332 N. Milnor St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, June 26th

Undertaker, Geo. Schilling

Place of Business,

J. N. Houck M. D.,
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore.

Permit No. 67513 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JUN 25 1833 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Gumis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 10 Park ave

Cause of Death, First (Primary). .....

Second (Immediate). Cramps

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Almshouse

Date of Burial, June 25

Undertaker A Rosenberger

Place of Business, ...

Geo. R. Benson M. D.
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 67314 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mochle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 97 Thames street

Cause of death, First, (Primary.) died by an accident: was run over

Second, (Immediate,) by a car June 21.

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, I German Cemtery

Date of Burial, June 25th 1883

Undertaker, Wm Nicolaus

Place of Business, 253 Alice Ann

John J. Litzen M. D.,
Medical Attendant.

Address, 166 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6[illegible]5 ; *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Stewart

Sex, Male or Female, { Cross out the word not required in this line. } /

Age, ... *Years,* One *Months,* 14 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 113 N. Sharp St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Brain Disease.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, June 25th 1883

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

Francis T. Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That [illegible] any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 67516 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883.

Full Name of Deceased. {Write legibly and spelt correctly. If an infant not named, give names of parents.} Wm Propst.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 72 Leadenhall St.

Cause of Death, First (Primary). .....

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon P Cemetery

Date of Burial, June 25th

Undertaker Henry Brick

Place of Business, Hanover St 81

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore.

Permit No. 6317 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Shelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 194 Stiegerter St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), ...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 26

Undertaker Henry Bein

Place of Business, 200 Aliceanna

John H. Kellberger, M. D.
Medical Attendant.

Address, 213 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 67518 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE.

Date of Death, June 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Wellson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co.

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give street and Number.} Balti City Hospl.

Cause of Death, First (Primary), Nervous prostration.

Second (Immediate), Congestion of lungs.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's County

Date of Burial, June 26th 1883

Undertaker Geo B Leach

Place of Business 1270 W Baltimore St

J. H. Bowie, M. D.
Medical Attendant.

Address, City Hospl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

19

Board of Health, City of Baltimore,

Permit No. 67519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl F. Buhner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Musical Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 548 W Franklin St

Cause of Death, First, (Primary.) Jaundice

Second, (Immediate,) Anaemia

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 26 1883

Robt Kemp M. D

Medical Attendant.

Undertaker, Jas R Cook

Place of Business, 527 W Baltimore St

Address, 554 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67520 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian F. Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore md

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, { Give street and Number. } No 523 W. Lombard St.

Cause of Death, First (Primary), ...

Second (Immediate). Phthisis

Duration of Last Sickness, Two (2) Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 27

Undertaker Joseph S. Cook

Place of Business 707 West Baltimore *Address,* 314 W. Lombard St.

A. L. Shear M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 67521 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN. 25. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Carney

Sex, ~~Male~~ *or Female.* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 279 Ramsay st

Cause of Death. First (Primary), Diphtheria

Second (Immediate).

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Monday June 25th

Undertaker L. N. McCoy

Place of Business #22 W. Fayette st

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67522 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L Mary Davis

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 52 *Years,* 3 *Months,* *Days,*

Color, W

Married, ~~Single,~~ ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Captain of Steamer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and Number. } 373 Light

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Inflammation of bowels

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bacon Ridge

Date of Burial, June 25 1883

Undertaker, Auth Kelly Co

Place of Business, 263 Light

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67523 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY JUN 25 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Laugvier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto county

Duration of Residence in the City of Baltimore, 66 yrs

Place of Death, {Give street and Number.} 414 Light st,

Cause of Death, First (Primary), Dyspepsia Colic

Second (Immediate). Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 26th 1893

Undertaker Quantrian Bros

Place of Business, 263 Light

R. M. Coale M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67524 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE

Date of Death, June 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna C. Burleson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and No. or Number.} 4 N Chapel

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, June 26th 83

Undertaker, G. Frame

Place of Business, Bank & Holl *Address,*

J. H. Hollenberg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67525 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wallenga Fisher

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 1 *Years,* 4 *Months,* 5 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co.

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 7 E. Wolfe st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 26th 83

Undertaker, J. Frank

Place of Business, Bank & Wolfe *Address,* 3 E. Fayette

G. L. Faust *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 67526 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Heinrich

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 77 *Years.* 2 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death. {Give street and Number.} 42 West Fayette St

Cause of Death First (Primary). Valvular disease of the Heart

Second (Immediate). Oedema of the Lungs

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, June 26

Undertaker J W Means

Place of Business.

J Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 67527 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Bennett

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 263 Central Avenue

Cause of Death. First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Six Days

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 25 Th 1883

Undertaker Geo. Eckhardt

Place of Business 269 Canton Ave

Jno. E. Donnelly M. D.
Medical Attendant.

Address, 919 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or any other person who first sees the case coming under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

12

Permit No. 67528

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE

Date of Death, June 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Serena Simms

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single.

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland - County unknown

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, { Give street and number. } 75 Oxford St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Hemoptysis

Duration of Last Sickness, Under my charge 2½ hrs

All the above information should be furnished by the Physician.

Place of Burial, Shanpt. Cemetery

Date of Burial, June 25, 1883

Undertaker, Eby & Hensley

Place of Business,

Jno. T. Powell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67629 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN. 25, 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson A. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 192 E. Bond St.

Cause of Death. First (Primary), Paralysis

Second (Immediate), asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 26th 1883.

Undertaker Fry & Leo,

Place of Business, 51 N. Broadway Address, 18 Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67530 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Blanche Melson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 3 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto - Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor - Eden & McElderry

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrh

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26, 1883

Undertaker, Henry Hoerle

Place of Business, 387 Central Ave

J. H. Hunter M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 67531 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. [illegible]

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14th & E. Chew St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Brain trouble

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 26 1883

Undertaker Henry Stark

Place of Business, [illegible] *Address,* 107 N Eutaw St

T. A. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 67632 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUN 25 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin D. Clarke

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sash & Blind Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Surry Co Va

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death. {Give street and Number.} 431 Hackem St

Cause of Death, First (Primary), Apoplexy

Second (Immediate). Paralysis

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, June 26th

Alexander Tinsley M. D.
Medical ~~Attendant~~.

Undertaker Chas T Devine

Place of Business, 271 N Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No 67533 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Nicklas

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.} Male

Age, —— *Years,* Three *Months.* eighteen *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 Mos. 18 days

Place of Death, {Give street and Number.} 9 Carter alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate). ——

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25th

Undertaker Chas A White

Place of Business, 35 Granby St

W. J. Jones M. D.
Medical Attendant.

Address, 136 E. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67534 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 25th 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Boach

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City 1 - 15

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Clarkson St

Cause of Death, First (Primary), Foetor—enteritis

Second (Immediate), Asthenia 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 26th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 313 Light

A. Theo. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67536 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Zebman

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days.*

Color, Blk

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death. {Give street and Number.} 74 Stiles St.

Cause of Death. First (Primary), Cirrhosis Liver

Second (Immediate). Exhaustion from same 6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 25 1883

Undertaker [illegible]

Place of Business 198 Howard St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67536 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie E. Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 4 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 98 S Pacca St

Cause of Death. First (Primary), Cerebro Spinal Meningitis (Inflammation)

Second (Immediate),

Duration of Last Sickness, One month

All the above information to be furnished by the Physician.

Place of Burial, ~~London Park Cemty~~

Date of Burial, June 26, 1885

Undertaker Philipp J. Dill

Place of Business 183 Columbia Ave *Address,* 168 S Pacca St

Jno D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimo

Permit No. 17137

Office of Registrar of Vital Statistics. 1046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Doulan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* Eight *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Pedral st.

Cause of Death. First, (Primary.) Diarrhoea

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 26

Undertaker, Mleadoran

Place of Business, 227 Aulteny

C Edw Janney M.D.,
Medical Attendant.

Address, Hom Dispensary Gruden Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6758 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

Date of Death, June 25/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 26/83.

Undertaker, Jas. Carroll

Place of Business, Division & Townsend

R. H. Williams M. D., Medical Attendant.

Address, Holliday cor. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67537 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 5 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Indigestion —

Second, (Immediate,) Diarrhea.

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 26/83.

Undertaker, Jas. Carroll

Place of Business, Division & Monument

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave. Calhoun c/s

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67540 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Gropp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #2 Walker St

Cause of Death, First, (Primary,) Spasm - Membranous Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Once week

All the above information should be furnished by the Physician.

Place of Burial, Boston Comte

Date of Burial, June 27 1883

Undertaker, H. Holmes

Place of Business, 63 N. Eden Address, 234 N. Bl[illegible]

Y F Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67341 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Watson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months.* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 1 Scotland st

Cause of Death, First (Primary).

Second (Immediate). Diphtheria Malignan

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 26th

Undertaker Henry McInnis

Place of Business, 8 N Central Ave

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67542 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria McMule

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and Number.} 106 St Clement St

Cause of Death, First, (Primary,) Cancer of Breast

Second, (Immediate,) " " "

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, June 27th 1883

Undertaker, John S. Thacher

Place of Business, 150 Canden St *Address,* 262 Madison Ave

Elias C Price M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, and to List of Diseases

Board of Health, City of Baltimore.

Ward 6

Permit No. 67543 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 26 1883 HEALTH DEPT. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

Occupation None

Birthplace, { State or country. And how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and Number. } 1128 Gay Street

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 1 Day

The above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, June 28th 83

Undertaker G. Frame

Place of Business, Bank & Wolfe *Address,*

Medical Attendant. } M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67544 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanson E. McCoy

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} Mariners Cove - Patapsco Ave.

Cause of Death, First (Primary), Accidental drowning

Second (Immediate), " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem.

Date of Burial, June 26th 83

Undertaker G. France

Place of Business, Banks & Wolfe *Address,* 161 So. Eutaw pl. & Ln

L. A. Bell M. D.

~~Medical Attendant.~~ Coroner & Dis.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67545 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th. June 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kurovsky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} Fells Street 26

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 26. May

Undertaker, W Dippel

Place of Business, 151 S Bond

William Henkel M. D., Medical Attendant.

Address, S. Wolfe & 11th,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67546 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 25th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Lentz

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 2 1 *Days,*

Color, black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 165 King St

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 165 King St

Cause of Death,
First (Primary). Cholera Infantum
Second (Immediate). Enteritis

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer cemetery

Date of Burial, June 26 1883

Undertaker H. Ross

Place of Business, 95 Conway St

W T Cain M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6744 *Office of Registrar of Vital Statistics.* Ward V.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 0 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 146 Pine St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 27

Undertaker, L Hahn

Place of Business,

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67548 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Bradricks

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation General Work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 6 Rahway St

Cause of Death, First (Primary), Chronic Gastric Ulcer

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, June 26 1883

Undertaker J W Chase

Place of Business, 192 Howard St

W H Ham M. D.
Medical Attendant.

Address, N 58 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67349 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magaie M. Bella

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* ... 1 *Months,* 12, *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 420 Cross St.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} 420 Cross St.

Cause of Death, First, (Primary,) Internal Spasm.

Second, (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 26/83

Undertaker, Wm. J. Dickner

Place of Business, 65 S. Eutaw St. *Address,* 83 Stillman St.

L. H. Wall, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 67550 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ida Chaney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 9 Bohemia Court

Cause of Death, First (Primary), Rubeola

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 9 Days

the above information should be furnished by the Physician.

Place of Burial, Osbury & County

Date of Burial, June 28th 1883

Undertaker J. C. Koch

Place of Business, 73 Jefferson *Address,* 238 N Broadway

Wm S Runnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67557 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Howard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore 28 Years

Place of Death, { Give street and Number. } 41 Druid

Cause of Death, { First, (Primary,) Hydrothorax
Second, (Immediate,) Cerebro Spinal meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 27th 1883

Undertaker, Alex. Hemsley

Place of Business, 116 Orchard

I. A. Gibbs M. D., Medical Attendant.

Address. 158 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th June 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Ashwood.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Mason's Alley.

Cause of Death, {First (Primary,) Consumption. Second (Immediate,)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 26 1883

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

Geo. T. Collins M. D.
Medical Attendant.

80 W. John St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 67553 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Abrahams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years.* 3 *Months.* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 85 S. Broadway

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial, June 27th 1883

Undertaker, Henry & Mitchell

Place of Business, 85 S Broadway *Address,* 373 E. Balto. St.

E. P. Bruns M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 67554. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gosnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 311 Hoffman

Cause of Death,
First (Primary).
Second (Immediate). Dysentary

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26

Undertaker A. Robde

Place of Business, 48 Penna Ave

J. H. Keller *M. D.*
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67533 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

Date of Death, June 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 46 *Years,* 7 *Months,* 12 *Days,*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~or *Widower*~~, {Cross out the word not required in this line.} Widow

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 73 Lancaster st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, June 26. 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bury.

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, × *Years,* 6 Seven *Months,* × *Days.* 1

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 120 S Paca Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery A Friedenwald M. D.

Medical Attendant.

Date of Burial, June 28 th 1883

Undertaker, Wm Eblen Address 88 N Eutaw Street

Place of Business, 181 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Beinbower.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, Years, 1 Months, 13 Days,

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 92 Barre St.

Cause of Death, First (Primary),

Second (Immediate). Meningitis

Duration of Last Sickness, Not days old

All the above information should be furnished by the Physician.

Place of Burial, Londa Park

Date of Burial, June 27 1883

Undertaker Armstrong & Young

Place of Business, 26 Light St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 67538 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 — 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob B Kauderer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 48 Raglay St

Cause of Death, First (Primary),

Second (Immediate). Congestion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27th 1883

Undertaker Armstrong & Son

Place of Business, 263 Light

Thomas Cotter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore.

Permit No. 6765-9

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Zinc

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} #94 Block Street

Cause of Death, First, (Primary.) Chronic Hepatitis

Second, (Immediate.) Ascites

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 27th 1883

H. E. Hooks M.D.,
Medical Attendant.

Undertaker, H. Sinden & Son

Place of Business, 252 Canton Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate

Board of Health, City of Baltimore,

Permit No 67560 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Goeckeny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 months *Years,* — *Months,* — *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 89 Moore's alley

Cause of Death, First (Primary), Diarhoea

Second (Immediate). —

Duration of Last Sickness, From Birth. —

All the above info matter should be furnished by the Physician.

Place of Burial, Shanks Cemetery

Date of Burial, June 26 1883

Undertaker Alf Hamsley

Place of Business,

Neeberger & Keyser M. D.
Medical Attendant.

Address, 395 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Todd.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 1 *Days.*

Color White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 9 Pratt Lane,

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Cem't

Date of Burial, June 27th 1883

John P. White M. D.
Medical Attendant.

Undertaker, Ambrose Koehler

Place of Business, 244 E Lombard St *Address,* 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67562 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Early

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Teacher of Music

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 921 N Eutaw St

Cause of Death,
First (Primary), Excessive use of alcohol
Second (Immediate), Gastritis & Nervousness

Duration of Last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 28/83

Undertaker Emmert & Mitchell

Place of Business, 550 W Fayette Street address

W. H. Crim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...this Certificate.

Board of Health, City of Baltimore.

Permit No. 67563 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Russell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 654 Lexington st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness About one year

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Mt Olivet Cemetery

Date of Burial, June 27/83

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette Address, 582 W. Fayette

M. McConnell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67564 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Ermey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 30 Years —

Place of Death, {Give street and Number.} 70 ~~Cross~~ Short St —

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion Lungs

Duration of Last Sickness, 3 weeks —

The above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 83

Undertaker P. L. Koch

Place of Business, 73 Jefferson *Address,* 105 N Eutaw Ave

H. A. Sauer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. ~~67564~~ *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bernard Farrell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, (1) One *Years,* Eleven (11) *Months,* Nine (9) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 44 Williamson St.

Cause of Death, First (Primary), Gastro-Enteritis - Diarrhoeal

Second (Immediate), Convulsions

Duration of Last Sickness, Nine (9) days

the above information should be furnished by the Physician.

Place of Burial, St Vincents C

Date of Burial, June 26

Undertaker B. Mark

Place of Business, 52 West St

Robert L. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67566 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. G. Harrison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloonkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} Ferry Bar House

Cause of death, First, (Primary,) Malarial entero-colitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 28th 1883

Undertaker, Denny & Pritchett

Place of Business, 65 S Broadway *Address,* 152 Thames

S. Sillesen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67567 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1933 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1933

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Meeks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 212 Hanover st

Cause of Death, First, (Primary,) Aphtha & Diarrhea

Second, (Immediate,)

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial Sharp Cemetery

Date of Burial, June 27

Undertaker, J. Ross

Place of Business, 1500 Monument St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 675-68 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. June 26/83

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Margarth Coggen

Sex, Male or Female. { Cross out the word not required in this line. } Female

Age, 7 *Years.* — *Months.* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death. { Give street and Number. } 44 Wyeth St

Cause of Death. { First (Primary). } Scarlatina

{ Second (Immediate). } Acute Nephritis

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park Cem

Date of Burial. June 28/83

Undertaker JOSEPH B. COOK, Undertaker, &c.

Place of Business 727 W. BALTIMORE ST., *Address.*

Jno. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 67569 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male ✓

Age, 82 *Years,* — *Months,* — *Days,*

Color, White ✓

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman B & O R R

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 31 N. Pops[illegible]

Cause of Death, First, (Primary,) Epithelioma Nose & Face

Second, (Immediate,) 4

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 28/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

Thomas Obie M. D., Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67570 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Thern

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, Four *Years,* Four *Months,* *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } #131 Ridgley St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 28 83

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St. *Address,* 221 Barre St.

J. Eyler Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67571 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Foos

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 0 *Months,* 17 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and Number. } 391 Harford avenue

Cause of Death, First, (Primary,) Acute Dyspepsia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about one day

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 27th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address* 285 E. Biddle

B. F. Grove M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Celia Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 7 Zebb Alley

Cause of Death, First, (Primary.) Spasm of pharynx

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1883

Undertaker, Wm. C. Runge

Place of Business, 62 East St

M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67573 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, June 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Jane Wilson

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 5 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 39 Hanover St

Cause of Death, { First (Primary), ... Second (Immediate), Pneumonia

Duration of Last Sickness, 21 Days.

the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount Cem~~ Leisburg Cem

Date of Burial, June 27 1883

Undertaker Wm C Bunge

Place of Business, 62 East St

J J Chisholm M. D.
Medical Attendant.

Address, 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67574 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Jacob Appler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 5 Mon's *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md 65 yrs USA

Duration of Residence in the City of Baltimore, died immediately after birth

Place of Death, {Give street and Number.} 165 yrs USA

Cause of Death, First, (Primary,) Pleurodynia Burdi

Second, (Immediate,)

Duration of Last Sickness, — Had only arrived 6 hrs. when [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Fells pt

Date of Burial, June 26

Undertaker, L. Herzog.

Place of Business,

D. Shutt M. D.,

Medical Attendant.

Address, 143 N. Eden a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67573 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Edward Egan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Brass Finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32

Place of Death, {Give street and Number.} 65 E. Madison

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 1 Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 28th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 67576 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Betz

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 41 Slemmers alley

Cause of Death. First (Primary), ...

Second (Immediate). Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Friends

Date of Burial, June 28

Undertaker Frey

Place of Business. .....

Geo. W. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6757 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw L Hallegan

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 815 W Pratt St

Cause of Death, First (Primary), Accident (Scald)

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Pls Cemetery

Date of Burial, June 27, 1883

James Bosley M. D.
Medical Attendant

Undertaker Sattler & Adgan

Place of Business, 227 S Gilmor *Address,* 319 N Collins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67578 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as given filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Schmitt

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 81 Lemmon st.

Cause of Death, First (Primary),

Second (Immediate). Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ch Allegany

Date of Burial, June 28

Undertaker L Haus

Place of Business,

Geo. N. Denson M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67679 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE.

Date of Death, 27th. June 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Wittstadt

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, Years, 11 Months, 8 Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Chapitan street Nro 143

Cause of Death, First, (Primary,) } Diphtheria

Second, (Immediate,) }

Duration of Last Sickness, 5. Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, June 28th 1883

Undertaker, Leo. Ritz

Place of Business, 129½ S. Broadway

William Henkel M. D., Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6750 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Romana

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 63 Pratt

Cause of Death, First, (Primary,) Cardiac Syncope

Second, (Immediate,)

Duration of Last Sickness, a few days

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 29 1883

Undertaker, James F Byrne

Place of Business, No 63 N Gay St

D W Battell M. D.,
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67581 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 27 1883 BALTIMORE

Date of Death, June 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, fifty eight *Years,* ~~00~~ *Months,* —— *Days,*

Color, white

~~*Married, Single,*~~ *Widow ~~or Widower~~,* {Cross out the word not required in this line.} widower

Occupation, Convict.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Louisville Ky. Md.

Duration of Residence in the City of Baltimore, seven years

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, Three years

All the above Information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, June 27

Undertaker, G Rinehart

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67582 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Goldman,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* — *Days,*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City, Five Months,

Duration of Residence in the City of Baltimore, 95 Low St.

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Measles — Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ohel Sholom

Date of Burial, June 28th

Undertaker Wm Eilan

Place of Business, 1331 Eutaw St

J. H. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6756 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN ... BALTIMORE

Date of Death, June 23rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age Unk 40 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} Office - Cross St. Wharf

Cause of Death { First (Primary), Accidental Drowned

Second (Immediate), "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West. Run. Cemetery

Date of Burial, June 23/83

Undertaker Fred A. Keyser

Place of Business, 150 S. Carrollton

Dr. Beel M. D.

Medical Attendant / Coroner's Dist

Address 101 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 67584 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Wagner

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Flour Gauger

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 yrs in U. S.

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Poison — administered by his own hand (suicide)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 26/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST.

Alexander Tenley M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No 67585 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Zinsel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laboer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, Twenty-eight years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 261 Alice Anne St.

Cause of Death. First (Primary), Inflammation of Bowels (Chronic)

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius

Date of Burial, June 28th

Undertaker Hendelin Dippel

Place of Business, S. Bond & L. 15

John A. Kellenger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 67586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27. June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard F. D. Lucas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 Years, 2 Months, 22 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 378. East Eastern Av.

Cause of Death {First, (Primary,) Scarlatina

{Second, (Immediate,) Hydrocephalus.

Duration of last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, June 28 th

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

Robert Arthur M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-

Board of Health, City of Baltimore.

Permit No. 6758 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Mack

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Steel Mat

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 62 Frederick Av

Cause of Death, First (Primary), Fract. Skull. & Penetrating

Second (Immediate). wound of the Brain

Duration of Last Sickness, 6 days.

the above information should be furnished by the Physician.

Place of Burial, Ly Fields

Date of Burial, June 28 1883

Undertaker John P Fuller

Place of Business, 66 Frederick Av

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67588 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th. June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentin Gerzbovski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Arunstreet 25th.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28th 83

Undertaker, G. Frank

Place of Business, Bond & Wolfe *Address,* S. Wolfe St. 117

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6789 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 27 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 1 *Days.* 24

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1058 E. Monument St

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 28th 83

Undertaker G. Frank

Place of Business, Bond & Wolfe *Address,* ... M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6760

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee Logue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 298 N. Bond St.

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 29th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gilmor [illegible]

E. B. Fenby M. D.,

Medical Attendant.

Address, Cor Eden & Biddle sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67591 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 49 Bruce St.

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 28

Undertaker W. H. Dunyee

Place of Business, ...

Geo. H. Benson M. D.

~~Medical Attendant~~

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67592 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Bacon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 14 *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 251 N Bond Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29 1883

Undertaker, John W Walker

Place of Business, Co. Hay & Gorsuch

Daniel F Powell M. D.,
Medical Attendant.

Address, # 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67593 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta W. Wieghardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 05 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 209 Eastern ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 28th 1883.

J. L. Williams M. D.
Medical Attendant.

Undertaker E. Schlenker

Place of Business, 214 Eastern ave *Address,* 7 Do Brady

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67594

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27. 1893. Schove

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Barbara Schove

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, White.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 Preston St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 28 1893 W Brueggeman M.D.,
Medical Attendant.

Undertaker, A Rosenberger

Place of Business, 30 Mulberry St Address, 119 W Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 26 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Elizabeth Bandy

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, One *Year* (10) ten *Months,* *Days.*

Color, colord

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 298 N. Durham St.

Cause of Death First, (Primary,) Colera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, about ten days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, June 28th 1883

Undertaker, Theo J. Fooks

Place of Business, 73 Jefferson St

Jno J. Simms M. D.
Medical Attendant.

Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67576 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Vaughan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 4 *Months.* 8 *Days,*

Color,

Married, ~~Single~~, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland & Oneyr in this city

Duration of Residence in the City of Baltimore, One yr

Place of Death, {Give street and Number.} 55 South Fremont st

Cause of Death, First (Primary),

Second (Immediate). Epithelioma of Uterus

Duration of Last Sickness, About one yr

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 28, 1883

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry st

Wm P Coleman M. D.
Medical Attendant.

Address, University Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6557 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hartnig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wood Sawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 133 Orleans St

Cause of Death.

First (Primary).

Second (Immediate). Gastro-Enteritis

Duration of Last Sickness, 8 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th

Undertaker Geo. Schilling

Place of Business Ashland Square *Address,* 137 Orleans St

J. J. Gross. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67578 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Stiller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 2 4 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 329 S. Bond St.

Cause of Death, First (Primary). Internal Convulsions

Second (Immediate).

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, June 29, 83

John A. Kehlenz M. D.
Medical Attendant.

Undertaker J. Henry Sander

Place of Business, 922 Canton *Address,* 1143 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6759 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27. 10 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heuer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 217 Caulton Ave

Cause of Death,
First (Primary), Cholera Infantum
Second (Immediate),

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 29th 83

Undertaker H. C. Sanders & Son

Place of Business, 202 Canton Address, 2996 Balt. St

Samuel E. Donelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6760 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Bommelaick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 3 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Orleans & Ann Sts

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 29th

C. W. Neff M. D.,
Medical Attendant.

Undertaker, H. H. Sandys & Son

Place of Business, 252 Cantons Address, 306 N. Hayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67601 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sommerfield Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 231 Edmondson Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Hypertrophy of Heart - following Rheumatism 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Lorraine Cemetery

Date of Burial, June 29 1883

Undertaker, Lee Sappington

Place of Business, 121 Lorraine Ave

J. W. C. Cudd, M. D.
Medical Attendant.

Address, 137 W. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6762 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Ravin Degenhard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and number.} 289 Gough Street

Cause of death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, June 29 /83

Undertaker, M. A. Daugherty

Place of Business, 414 S Bway

C. B. Gilliland M. D.,
Medical Attendant.

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Lucke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and Number. } 197 N. Charles St.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 1 Month

All the above Information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, June 29th

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Seward & Ward

Place of Business, 30 Park Place *Address,* 197 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore.

Permit No. 6/604 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28? 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June the 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrich Benjamin Roose

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 4 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 9 N. Duncan Alley

Cause of Death,
First (Primary), Dissentary
Second (Immediate), ...

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 28 84

Undertaker Mr Pook

Place of Business, Wolf St

Geo. K. Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

Permit No. 67605 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Burke

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... 2 *Months,* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 98 S. High st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, June 28th 1883

Undertaker, W H Heckman

Place of Business, N Gay St

Pierre L. Dausch M.D.,
Medical Attendant.

Address, 3 S. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67606 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franck Hubka.

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 2 *Years,* 0 *Months,* 0 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } 124 S Duncan Alley

Cause of Death, First, (Primary,) Phlegmonous Inflammation

Second, (Immediate,) Adynamia

Duration of Last Sickness, about 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 28 1883

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 285 E Biddle

W. F. Frost M. D.,
Medical ~~Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6760 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Kain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 132. Mosher St

Cause of Death,
First (Primary), Intestinal Catarrh.
Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29th 1883

Undertaker Henry W. Mears

Place of Business, 115 N. Gay St

Edwd F. Miehlean M. D.
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Egert Forsburg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 352 Canton Ave

Cause of Death, First, (Primary,) Heat prostration

Second, (Immediate,)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Lone Yard

Date of Burial, June 29-83

Undertaker, Wendell Diffell

Place of Business, Bond & Lemmon

D W Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 6760 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Griffin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 453 E. Eager St Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death. {Give street and Number.} 453 E. Eager St

Cause of Death. First (Primary). Scarlatina

Second (Immediate). Dropsy & Exhaustion

Duration of Last Sickness. 6 to 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th

Undertaker Geo Schilling

Place of Business.

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6760 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June, 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Sallens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 24 *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Union Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 28th 1883

Undertaker, W. A. Dorsey

Place of Business, 1062 East-11-

Silas H. Hunter M. D.,
Medical Attendant.

Address 36 Gruman Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert Hayes Travers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 15 Months, ——— Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 68 Lewis Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, June 28th 1883

T. E. Kelly M. D.
Medical Attendant.

Undertaker, Paul Chase

Place of Business, 158 S. Howard

Address 24 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] date of death, except in cases of births and deaths of illegitimate children.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archiable Tripp

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 m 20 *Days.*

Color, Black *Sex,* M

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 159 Druid Hill ave

Duration of Residence in the City of Baltimore, 8m 20

Place of Death, {Give street and number.} 159 Druid Hill ave

Cause of Death, First (Primary,) Hereditary Causes

Second (Immediate,) Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet St. *William Lee* M. D.

Date of Burial, June 28 1883 Medical Attendant.

Undertaker, H H Chase *Address* Entaw & Hoffman

Place of Business, 198 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No 67613 . *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28? 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Brent

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 284 Alice Anne

Cause of Death, First (Primary), 1. Scarlet fever Inflamation

Second (Immediate),

Duration of Last Sickness, Sick one week

the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, June 29 - 1883

Undertaker C. Ethridge

Place of Business, 367 Canton Ave *Address,*

Jno. E. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6764 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1893 BALTIMORE

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Lawson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 11 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 332 S Bond St

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, June 28 83

Undertaker H Ciffel

Place of Business, 151 S Bond *Address,*

A Hesperhardt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 28 1883 BALTIMORE

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Ducatel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 77 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. York and Valley Sts

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Age & Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 30th 1883

Undertaker, H. H. Deuslius & Son

Place of Business, Saratoga & Park.

Wm. Brooke Boyle M. D., Medical Attendant.

Address, 237 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore,

Permit No. 67616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 28 BALTIMORE

Date of Death, June 28 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Bassolake

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Dallas St 134 —

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Spasm

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, June 29th 83

Undertaker, H C Sanders & Son

Place of Business, 252 Baltimore

J D Schultz M.D.,

Medical Attendant.

Address, N E Cor Lough & Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert S. Hunt

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Patterson Park Avenue

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 93 Caroline St. Funeral

Cause of Death {First, (Primary,) Some disorder of the Secretary

{Second, (Immediate,) Cholera Morbus

Duration of last Sickness, About 8 or 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 28th 83 A. J. Board *M. D.*

Medical Attendant.

Undertaker, H. C. Sander & Son

Place of Business, 202 Caroline St. *Address,* 169 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hans.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 N. Fremont St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 28 1883

Undertaker, M. L. Hans

Place of Business, 317 Mulberry St. *Address,* 137 N. Carrollton Av.

W. C. Cuddy, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67619

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Horrigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} Cor. Caroline & Preston sts

Cause of Death, First, (Primary,) Phthisis Pulm.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, June 29 1883

Undertaker, James L Byrne

Place of Business, 1063 N Front st

C. O'Donovan Jr. M. D.,
Medical Attendant.

Address, 118 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6/620 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter A Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} No 2 Oxford St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, June 29 83

Undertaker, Alex Heward Jr

Place of Business,

W W Anthis M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67621 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H Reynolds

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 2 Cole st.

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate,) Malarial fever (Said to have very congestion chill.

Duration of Last Sickness, Saw him last week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetry

Date of Burial, June 29. 1883

Undertaker, Henry McGinnis

Place of Business, No 8. N Central Ave. *Residence,* cor Fayette & Calhoun

Herman F Hill M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67622 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. June 28th 83

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Luft

Sex, Male or Female. { Cross out the word not required in this line. }

Age. *Years,* 6 *Months,* 15 *Days.*

Color. White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace. { State or country, and how long in the United States, if of foreign birth. } Baltimore

~~*Duration of*~~ *Residence in the City of Baltimore,*

Place of Death. { Give street and Number. } 151 Jefferson

Cause of Death. { First (Primary). Acute Peritonitis

Second (Immediate). Collapse

Duration of Last Sickness. 1 day

All the above information should be furnished by the Physician.

Place of Burial. Western

Date of Burial. June 30

Undertaker W. Funk

Place of Business, *Address,* 245 E. Lombard

J. Fulton M. D.
~~Medical Examiner~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 67623 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna V. Galloway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 2 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 467 W. Lombard St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 467 W Lombard St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Meningitis ———,

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery,

Date of Burial, June 29th 1883

Undertaker, Jos. H. BROOK,

Place of Business, Undertaker, &c.

J. Shipley M. D., Medical Attendant.

Address, 41 N. Carey St

JOSEPH H. BROOK 107 W. BALTIMORE ST. BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore.

Permit No. 67624. *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Honorah Coyle

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ~~Years~~ 3 *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower.* {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 69 Park Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), 6 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29 1883

Undertaker Jos B Cook

Place of Business, 1707 W Baltimore *Address,* 69 Park Ave

H. L. Shew *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67625 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Miles

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 21 Ryan st

Cause of Death,
First (Primary), Cholera Infantum & Whooping Cough
Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, June 29th 1883 James Boely M. D.
Medical Attendant.

Undertaker JOSEPH B. COOK,

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

Permit No. 67626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Diarhea.

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 29/83

Undertaker, Francis McVeagh -

Place of Business, Front & Fremont

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Harbor. Calhoun St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 16762

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Four *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 Elbon Lane -

Cause of Death, First, (Primary.) Collapse of Lungs -

Second, (Immediate.) Asphyxia -

Duration of Last Sickness, One Year -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 29th. 830

Undertaker, J. Davis

Place of Business, 103. Lee. St.

A. D. Smale M.D.,

Medical Attendant.

Asst. Hom. Dispensy.

Address, 251 Maryland Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th June, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E. Davis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* Twenty 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 86 Dolphin St Bal.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Dolphin St.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, June 30

Undertaker, H & J Lemmon

Place of Business, Address 1114 E. Balto St.

Geo. J. Collins M. D.
80 N. John St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6762 9 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret J. Rand

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} 189 Leanale St

Cause of Death, First (Primary), Pulmonary Congestion

Second (Immediate),

Duration of Last Sickness, 48 hours

The above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 29th 83

Undertaker C. W. Blizzard

Place of Business, Cor Hoffman & Penna Ave *Address,* 76 Pearl St

J. H. Buxton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67630 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grimm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} - - - -

Occupation - - - -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philada 4 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 246 E. Eager St

Cause of Death, First (Primary). Pneumonia & Dysentery (Post Morbilli)

Second (Immediate). Asthenia

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemy

Date of Burial, June 30th 1883

Undertaker H. Houck & Son

Place of Business, Central Ave *Address,* Cor Eager & Caroline

S. C. Slocum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Boone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* *Days,*

Color, Light Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} 50 S. Eutaw st

Cause of Death, First (Primary), Hot Weather

Second (Immediate), Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th

Undertaker Wm. H. Bishop

Place of Business, 99 Druid Hill Ave. *Address,* cor Mapleton Ave.

B F Perkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67632 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Annie Beckner

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower;~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 36 yrs.

Place of Death, {Give street and Number.} 105 S. Register St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Immd. Carroll Cemetery

Date of Burial, July 1st. 1883

Undertaker A. Bartell

Place of Business, 1 N. Frederick St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67633 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Lancaster Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, June 29

Undertaker, Grance

Place of Business, ...

James F. McShane M. D., Medical Attendant.

Address, 417 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

13

Board of Health, City of Baltimore,

Permit No. 67634

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Agnes McGee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and number.} 16 N Appleton St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon

Date of Burial, June 29 1883

E. Meierhof, M.D.,
Medical Attendant.

Undertaker, Matthews Gadegan

Place of Business, 227 Mulberry St

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67635 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Vanhorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 28 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 109 Fairmount Ave.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 29 1883

Undertaker, H. A. Dauer

Place of Business, 94 S. Bway

J. H. Cotthuter M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 214 Warren St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Edgar St Cemet. J. Edmund Kulp M. D.

Date of Burial, June 29 1883 Medical Attendant.

Undertaker, Wm Ross

Place of Business, 95 Conway St *Address* 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut[y] of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to fur[nish] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Ce[rtificate] setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of [the] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67687 *Office of Registrar of Vital Statistics.* Ward 5

* The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June the 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} the infant of William Harris and Laura Harris

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life thime

Place of Death, {Give street and Number.} 74 East St.

Cause of Death, First, (Primary.) Convolsion and Spasm Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Centry

Date of Burial, June 29th

Undertaker, Mr Duncan

Place of Business, East St

Wm. F. Dunn M. D.,

~~Medical Attendant~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore.

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas B. Wishaw

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* — *Days.*

Color, Yellow

~~*Married,*~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Manchester Va

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 47 Robert St

Cause of Death. First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion from hemorrhage

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial Richmond Va

Date of Burial July 1 1883

Undertaker Wilhoit & Binger

Place of Business, No 62 East Street

W. H. Noble M. D.
Medical Attendant.

Address, 281 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67639 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Housework

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} No 7 Denton Court

Cause of Death, First, (Primary,) Phthisis pneum.

Second, (Immediate,) ~~about two years~~

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial June 30 1883

Undertaker, William N Dorsey

Place of Business, No 62 East St

L O Wiltermuth M. D.,
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 67640 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerd Bruno Schmidt

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 18 mos

Place of Death. {Give street and Number.} 174 & 176 S. Regester St

Cause of Death. First (Primary). Accident. Fracture of Skull

Second (Immediate). Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Belonn Cemetery

Date of Burial, 29 June 1883

Undertaker John C. Schuck

Place of Business, 165 Aliceanna

Chas M. Moffet M. D.
Medical Attendant.

Coroner &c

Address, 67 Ensor & Wolfe Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Leo Steele

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 8 Months, 18 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 60 Albemarle st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 29 1883

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Pierce Leo Dausel M. D.
Medical Attendant.

Address 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p[erson] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6/642 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 97 Plum alley

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Emaciation & Exhaustion

Duration of Last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 29th 1883

Undertaker E. H. Ellis

Place of Business, 198 S. Howard

J. D. Iler M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67643 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Leinkubler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 307 E Lombard St

Cause of Death, First (Primary), Don't know

Second (Immediate), Eclampsia

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, June 29th 83

Undertaker G. Frame

Place of Business, Bank & Liberty *Address,* 99 E Balto St.

James Edmonde M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore,

Permit No. 67484 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Foster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 191 Hanover St

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, June 30 93

Undertaker, P. G. Feary

Place of Business, Bank & Wolfe *Address,* Canton St

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6111

Board of Health, City of Baltimore.

Permit No. 67645

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...ent, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard McKaig

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Holland Dr 75

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 73 Mulliken St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, June 30 1883

Undertaker, H. Hofmann

Place of Business, 63 N. Eden

Elsie Wells M. D.
Medical Attendant.

Address, 474 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

Permit No. 67646 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beckey Perkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Reese ally

Cause of Death, First (Primary),

Second (Immediate) Marasmas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 30

Undertaker H J Ross

Place of Business,

Geo. H. Brown M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Watkins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Eleven *Months,* ... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 138 Tyson St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 138 Tyson St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 83

Undertaker, A Hensel

Place of Business, ... *Address* 41 Orchard St.

W. H. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67648 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 3 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lyden Larken

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 402 Canton Ave

Cause of Death, First, (Primary,) Chol. Infantum

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, June 29th 83

Undertaker, H. Sander & Son

Place of Business, 202 Canton Ave Address, 19 S Broadway

E. J. Roy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67649 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Moore

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, Six Months, ~~So~~ Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and Number.} 5 Stockdale Alley

Cause of Death, First (Primary), Not known

Second (Immediate)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, June 29 1883

Undertaker William Dunger

Place of Business No 62 East Street

Ralph S Ellis M. D.

~~Medical Attendant~~

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67660 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Horse trader

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 43 Market Space

Cause of Death,
First, (Primary,) Consumption of lungs
Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial St Vincents

Date of Burial, June 29 1883

Undertaker, Jas O Byrne

Place of Business, 69 Hanover

Wm H Hoffenstein M. D.
Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur[nish] within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting f[orth] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased [and] the cause and date of death, except in cases of births and deaths of illegitimate children. [ov]

Permit No. 67661 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary C Scholz

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 yrs a little over

Place of Death, { Give street and Number. } 327 Mulberry St

Cause of Death, { First, (Primary,) Cold down critical pneumonia. Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness, about six months ill

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, June 30th 188

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont

Hammond & Turner M. D., Medical Attendant.

Address, 64 N Paca St Bal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67662 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1883 BALTIMORE

Date of Death, June 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Hood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 26 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State of country, and how long in the United States, if of foreign birth.} 322 Hollins st

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 322 Hollins st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) enteritis

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 30th 1883

Undertaker, Geo M Zirkle

Place of Business, 550 Fayette St

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6765 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 30. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883. 1 Yr. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Seiger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 1/2 Years.

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 30 1883 Oscar L Leeking M. D.,

Undertaker, Adam Fiss Medical Attendant.

Place of Business, 461 N Gay St *Address,* 1844 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67604 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Christopher Krusie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 13 Rock Street

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 30/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c. 707 W. BALTIMORE ST.

Chas. H. Nitz M. D.,
Medical Attendant.

Address, 306 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6765 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 30. 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Lake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Marylands

Duration of Residence in the City of Baltimore, 15 years about

Place of Death, {Give street and number.} No 2 Bell alley

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 30th 1883

Undertaker, W. A. Pumphrey

Place of Business, N 62 East St

D. Edw Jansen, M. D.,
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67656 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

Date of Death, June 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 212 Harford Ave.

Cause of Death, First, (Primary,) Spina Bifida

Second, (Immediate,)

Duration of Last Sickness,

All the above Information to be furnished by the Physician.

Place of Burial, [redacted] Centre

Date of Burial, [redacted], 1883

Undertaker, [redacted] Hoen

Place of Business, 304 Central Av. *Address,* Cor. Eden & Biddle

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oriole Young

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* ..... *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 15 Vincent. al

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and Number.} 15 Vincent al

Cause of Death, First, (Primary,) Marasmus — I did not see the case at all — but give certificate on mother's statement

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, June 30

Undertaker J E Howsh

Place of Business,

A A Polk M. D.,
Medical Attendant.

Address, 101 North al.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann DeBut

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 E. Fayette St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem[illegible]

Date of Burial, July 2 1883

Undertaker, John Lake

Place of Business, 1664 Balto St *Address,* 75 E. Balto St

I. N. Houck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67659 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lubella. P. Elliott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} No. 97 W. Chas. St

Cause of Death, First, (Primary,) Spinal Irritation & Chronic Bronchitis.

Second, (Immediate,) Pleurisy & Heart Disease

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial. 2nd July 1883

Undertaker, H.W. Jenkins & Son

Place of Business, Park & Lexington Sts. *Address,* No. 97 W. Chas St

Thomas Shearer M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Permit No. 67660

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Ann Phelps~~ June 30. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Phelps

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 346 N. Eutaw St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 2nd 1883

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

D. C. Stillman M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67661 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN. 30. 1933 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29. '33.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Frederick.

Sex, Male or Female. {Cross out the word not required in this line.}

Age, Years, 2 Months, 8 Days,

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 44 Pine St.

Cause of Death, First (Primary), Diarrhoea.

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, June 30 '33

A. L. Watts M. D.
Medical Attendant.

Undertaker Chas. White

Place of Business, 35 Waverly St. *Address,* 283 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore.

Permit No. 67662 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Martin Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 56 Hillman St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Chronic Bronchial Catarrh

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, July 1st

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Wm. Brooke Boyce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67663 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Brent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Whole Years

Place of Death, {Give street and Number.} 303 Forest St

Cause of Death, First (Primary). Cardiac Dropsy

Second (Immediate). Edema Pulmonum

Duration of Last Sickness, Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Hookstown Balto Co

Date of Burial, July 2d

Undertaker H. C Wiedefeld

Place of Business, 90 Greenmount Ave Address,

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67664 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Parran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His entire Lifetime

Place of Death, {Give street and Number.} 109 Pierce St

Cause of Death, First, (Primary.) Diarrhea

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, about one week from

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 28

Undertaker, Jn F Jurden

Place of Business, ...

W Hammond M. D.,

Medical Attendant

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Physicians and Undertakers are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67665 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as children filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth McKee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months.* Two *Days.*

Color, Mute

~~Married, Single,~~ Widow or Widower. {Cross out the word not required in this line.} ...

~~Occupation~~ ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} No. 85 Bank St.

Cause of Death. First (Primary). ...

Second (Immediate). Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St James C.

Date of Burial, June 30th

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker H Lotz & Co

Place of Business, 151 W Baltimore *Address,* 110 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Monroe Newton

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, About 5 yrs

Place of Death, {Give street and Number.} 330 N Eutaw

Cause of Death, First, (Primary,) Softening of the Brain

Second, (Immediate,) Paralysis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va,

Date of Burial, June 29/883

Undertaker, D. S. Hughes

Place of Business, 238 Madison Av

Elial C Price M. D.,
Medical Attendant.

Address, 262 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6767 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN. 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearl Leppleith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 5 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 57 Load Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 1

Chas. H. Heff M. D.,
Medical Attendant.

Undertaker, Walter Ammel

Place of Business, 315 W. Biddle St. *Residence,* 306 N Bigelow St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 30th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 10 Heath St

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 1st, 1883

Undertaker S. Harle

Place of Business, 82 West

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67669 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Dovikovski

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 26 Fell St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 30th 83 John H Kehlenger M. D.

Medical Attendant.

Undertaker G. Franck

Place of Business, Bank & Wolf *Address,* 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67670 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 30. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Hurdle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Seventy one *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 430 Fulton Av

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, {Give street and Number.} 430 Fulton av

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1st 1883

Undertaker, A. Blizzard

Place of Business, Pa Ave & Dolphin St *Address,*

A. B. Pole *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67671 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J M Russell

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 24 *Years,* *Months.* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Nassau, New Prov - Bahamas -

Duration of Residence in the City of Baltimore, Abt one month

Place of Death, { Give street and Number. } # 20 Hanover St

Cause of Death, { First (Primary) Intermittent Congestive / Second (Immediate). Remittent

Duration of Last Sickness, Abt - 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem -

Date of Burial, July 1st 83

Undertaker F. H. Snell

Place of Business, Hanover St *Address* 161 S Stanpk

Lot Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67672 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Robert Bonney

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, black

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, { Give street and Number. } 16 Little Pine St

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate,) .....

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, July 1st '83

{ *Undertaker,* W. J. Gray

{ *Place of Business,* 65 Mulberry St.

John H. Brown M. D., Medical Attendant.

Address 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward: 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Jones.

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, ~~11~~ *Years,* — *Months,* 11 *Days,*

Color, Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} U

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 11 days. or his life

Place of Death, {Give street and Number.} 16 18 Beata cart.

Cause of Death, First, (Primary,) Infantile convulsions

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, June 30th 1883 J. E. Heard M. D.,

Medical Attendant.

Undertaker, H J Locks

Place of Business, 473 Jefferson *Address,* 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67674 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Zeller.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 426 Cross St.

Cause of death, First, (Primary,) Internal Spasms

Second, (Immediate,) one day.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, ~~June~~ July 1st

Undertaker, Wm G. Fickenn

Place of Business, 65 S. Eutaw St. *Address,* .....

L. [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida V. John & Nightingale

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 16 W Henry

Cause of Death. First (Primary), ...

Second (Immediate). Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, June 30

Undertaker F Kerchner

Place of Business, ...

Sth. N. Dorsey M. D.
Medical Attendant.

Address, Cor of Sharp & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 67616 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Buck.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age 8 Mo. 2d *Years,* ..... *Months.* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} 7 Olives Court

Cause of Death, First (Primary), Wound on left temple,

Second (Immediate), Tetanus, & Pneumonia

Duration of Last Sickness, About Four & 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Pub. Cemetery

Date of Burial, June 24 83

Undertaker Fred A Kirchner

Place of Business, 50 S. Carrollton Address 161 E Chase St

Jul. Bell M. D.

~~Medical Examiner~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6767 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 — "83, —

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine O'Brien

~~*Sex, Male*~~ *or Female.* {Cross out the word not required in this line.}

Age, 52 *Years.* — *Months.* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and Number.} No. 15 E. Madison St.

Cause of Death. First (Primary). Pulmonary Phthisis

Second (Immediate). Exhaustion

Duration of Last Sickness, Several months

the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, June 29

Undertaker J. G. Rinehart

Place of Business.

J. G. Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 30 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If any not named, give names of parents. } Elizabeth Josephine Mc. Clure

~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 54 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Spinster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 290 Madison Ave

Cause of Death, { First (Primary,) Articular Rheumatism
Second (Immediate,) Val. Dis. of Heart

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, July 2nd 1883

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St *Address*

James Gilmour M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 67679 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June the 29th

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} the infant of John & Elisabeth Jones

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 108 Chesnut Alley

Cause of Death, First (Primary), . Convolion and Spasm

Second (Immediate). .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, June the 30th

Undertaker John Seeporth

Place of Business, No 11 Lambert

Wm. R. Dinsm M. D.
Medical Attendant

Com. of Health
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6768

Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Joseph Norman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word no: required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Md Baltimore

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and Number.} 114 N. Heid

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Sunday July 1st

Undertaker Danl F Flynn

Place of Business, 1081 West Pl

J. A. Branham M. D.
Medical Attendant.

Address 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67681

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

Date of Death, 6. 30. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Not Named Infant Billson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* few minutes *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 360 Saratoga

Cause of Death, { First, (Primary,) Premature Second, (Immediate,) Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 1/83

Undertaker, None

Place of Business,

W. W. Eastman M. D., Medical Attendant.

Address, 3 H. G. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1933 BALTIMORE

Date of Death, June 30 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. Seward. Murray.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* 27 *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookkeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} 178. E. Monument St.

Cause of Death, First, (Primary,) Bright's Disease of kidneys complicated with

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, Confined to bed about 10. days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 2nd

Undertaker, Geo. Schilling

Place of Business,

J. C. Heard. M. D.,
Medical Attendant.

Address, 2168 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schröder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} U

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 189 Henrietta St

Cause of Death, First (Primary). Heat & Artificial Food

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 2 July

Gordon Cotts M. D.
Medical Attendant.

Undertaker H. Briele

Place of Business, 81 Henrietta *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67624 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Whitten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 146 S Regester St.

Cause of Death, First (Primary), Intestinal Convulsions

Second (Immediate),

Duration of Last Sickness, One day

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

John A Mehlenger M. D.
Medical Attendant.

Address, 1434 Lisbon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6765 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

Date of Death, June 30th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Stanley

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ... *Years,* two *Months,* 15 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 111 N. Spring St.

Cause of Death, First (Primary), Anemia

Second (Immediate). Convulsions

Duration of Last Sickness, Life time

the above information should be furnished by the Physician.

Place of Burial, New Cemetery

Date of Burial, July 1st 1883

Undertaker Chas. S. Butler

Place of Business, 132 N. Caroline

T. A. Jones M. D.
Medical Attendant.

Address, 105 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6768 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 23 *Days,*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 72 Holliday st

Cause of Death, First, (Primary,) Improper feeding Indigestion

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Simentry

Date of Burial, June 1st 1883

Undertaker, Chas A White

Place of Business, 35 Granby st

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 6768 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Enis

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 7 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 197 Ensor St.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Acute Hydrocephalus

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Ft. Dunnell

Date of Burial, July 1, or 1883

Undertaker Henry Hook

Place of Business, 309 N. Eutaw St. *Address,*

Dr. Brooke Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1883

Permit No. 6768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Dorsey

Sex, Male or Female, {cross out the word not required in this line.} female

Age, [redacted] *Years,* 6 *Months,* ..... *Days.*

Color, c

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 238 Hughes St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Marasmus

Duration of last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 1 1883

Undertaker, H Rau

Place of Business, 75 Conway St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6768

Office of Registrar of Vital Statistics. 9 60

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Thumel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 N. Liberty St

Cause of Death. First, (Primary.) Purpura Hæmorrhagica

Second, (Immediate.) (Convulsions)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 1st 1883 H. Jenkins M.D.,

Medical Attendant.

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67690 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Stewart

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 15 *Years,* — *Months,* — *Days,*

Color, C

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West River

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and Number. } 57 Stockton Alley

Cause of Death, First, (Primary.) Diphtheria & Malarial Typhoid

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Saint H Cemetery

Date of Burial, July 1 1883

Undertaker, Wm. M. Singer

Place of Business, 62 East St

A. McKobbin M. D.,
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67691 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

Date of Death, 27th June, 30/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rick A. Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 216 N. Durham St.

Cause of Death,
First, (Primary,) Lobular Pneumonia
Second, (Immediate,) Exhaustion

Duration of Last Sickness, Fourteen

All the above information should be furnished by the Physician.

Place of Burial, Saint Ursula's

Date of Burial, July 1 1883

Undertaker, William H. Sugar

Place of Business, 62 Exeter St.

Geo. F. Taylor M. D.,
Medical Attendant.

Address, 234 N. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1883

Permit No. 67692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward R Mayer

JUL 1 1883 BALTIMORE.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 785 S Conkling Balto

Cause of Death, First (Primary,) Spinal Congestion

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 1st 1883

W. F. Nolan M. D.
Medical Attendant.

{*Undertaker,* S. McLeonard & son

{*Place of Business,* 782 W. Baltimore st *Address* 24 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Earls

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, one *Years,* 0 *Months,* *Days,*

Color, Dark Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, One year

Place of Death. {Give street and Number.} No 17 L Street

Cause of Death. First (Primary), Unknown

Second (Immediate), Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 " 1883

Undertaker Wm H Birch & Son

Place of Business, 97 & 101 Hill ave

C F Bohn M. D.
Medical Attendant.

Address, Cor Dolphin & Pitt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

Board of Health, City of Baltimore,

Permit No. 67694 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenia Bowie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 139 Warner

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, All her life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 2nd 1883

Undertaker Edward Case

Place of Business, 148 E. Howard *Address,* Mt Vernon Pl

Wm. H. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6769 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna A Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and Number. } 62 Lt Main St.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Harp

Date of Burial, July 2nd 83

Undertaker Samuel H Chew

Place of Business, 78 Hanover

J. H. Williams M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67696 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1883 BALTIMORE

Date of Death, June 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wick

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ~~Years~~, 8 *Months,* ~~Days~~, ✓

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~ 2

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 48 Burk st

Cause of Death, First, (Primary,) Meningitis (Tubercular)

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, July 1. 83

Undertaker, C. Hofender Son

Place of Business, 202 Eastern Av

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6769 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30, 83,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Schol

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days,*

Color, white

~~*Married,*~~ *Single, Widow or ~~Widower,~~* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 42 Fred'k Ave,

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 2nd

Chas. A. Foster M. D.,
Medical Attendant.

Undertaker, John S. Poultz

Place of Business #66 Fred. Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when there was no such notice, to furnish within forty-eight hours after the death, to the Undertaker or other person in charge of the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color of the deceased, whether married or single, the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(3

Board of Health, City of Baltimore,

Permit No. 67698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fonsy Gomez

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 5 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} — Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 37 S. Wolfe st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) asthenia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 4

Undertaker, W. Oppel

Place of Business,

B. F. Lemard M. D.
Medical Attendant.

Address, 314. E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67699 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Richard Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 & 5 Madison St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Acute Pulmonary

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 3

Undertaker H C Wedefeld

Place of Business,

J A Robinson M. D.
Medical Attendant.

Address, 75 1/2 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora E. Gelin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 231 Pierce Street

Cause of Death, {First (Primary,) Pneumonia Comp

Second (Immediate,)

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Kallo - Cemetery A. J. Bell M. D.

Medical Attendant.

Date of Burial, July 2d 83

Undertaker, P. H. Seewald *Address* 234 Madison Avenue

Place of Business, 35 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Leitz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 21 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number} 210 E. Pratt St

Cause of Death First, (Primary,) Emphysema & Congestion of Kidneys

Second, (Immediate,) Uremia

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2 1883

Undertaker, Jake E Hough

Place of Business, Pennsylvania Ave

J H Buchanan M. D.
Medical Attendant.

Address, 317 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 67702 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Jacobson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 19 E. Lexington ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 24 Hours

the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, July 3 1883

Undertaker H. Sander Son

Place of Business, 202 Caroline

D. E. Kelly M. D.
Medical Attendant.

Address, 19 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

2

Board of Health, City of Baltimore,

Permit No. 67703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Leubacher

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 29 Fountaine St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 2 1883

Undertaker, Henderson

Place of Business, 200 & 202 Aisquith St. *Address,* 1. S. Exeter St.

F. F. Moyer *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67104 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Christ.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Laceration —

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 2d 1883;

Undertaker, Frank McVeigh —

Place of Business, Division & Monument

R. McGoldsmith. M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67705 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 / 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Robert.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* —— *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~———~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial. July 2d 1883.

Undertaker, Frank McVeagh.

Place of Business, Division & Fremont.

Rev. Mc. Goldsmith M. D.,
Medical Attendant.

Address, Harbine av. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67706 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brick Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 88 Warner St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Hemorrhage from the Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 2 1883

Undertaker Rob Hunter

Place of Business, 116 Orchard st

Peter Erle M. D.
Medical Attendant.

Address, 46 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67707 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883.

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Emmagene Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 Years, ——— Months, ——— Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 530 Mulberry Ext

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loft Cemetery

Date of Burial, July 3

Undertaker, J Bleech

Place of Business,

J. G. Linkenheimer M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

18 Board of Health, City of Baltimore,

Permit No. 67708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as nearly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dasie M Ristine.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* 1 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 894 Saratoga st.

Cause of Death { First, (Primary,) Quantine. Second, (Immediate,) Exanitum

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, M/ Olivet

Date of Burial, June 2/83

Undertaker, Conditt, Carey

Place of Business, 202 Light

Chas S Remington M. D.
Medical Attendant.

Address, 134 N Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6770 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry M. Leddon

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, *Years,* *Months,* 4 *Days,* 27

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 152 E. Pratt St,

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 2 mos,

the above information should be furnished by the Physician.

Place of Burial, M E

Date of Burial, July 2

Undertaker Eng & Bro

Place of Business,

Reese, Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67710 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rev William Fry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Undertaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Georgetown

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, { Give street and Number. } No. 81 South Broadway

Cause of Death, First, (Primary,) Organic Heart

Second, (Immediate,) Consumption

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, July 3

Undertaker, Fry Bro

Place of Business,

Miller & Shipley M. D.,
Medical Attendant.

Address, 125 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6711 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Carroll

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* Nine *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 1. S Eutaw Ste

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) General prostration

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landing Md.

Date of Burial, July 2d 1883

Undertaker, John S. Mackie

Place of Business, 150 Camden St *Address,*

B. F. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67712 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene L Fernandis.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 700½ W. Balt.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 2/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST.

Thomas Opie M. D.
Medical Attendant.

Address, 39 N. Canal St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 67713 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest H Strang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 yrs

Place of Death, {Give street and Number.} No 114 North Central Ave

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Congestion of lungs

Duration of Last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 3

Undertaker, Joseph Brook

Place of Business, 707 W Balto

Medical Attendant. M. D.,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67714 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peregrine J. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* ... *Months,* ... *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and Number.} 188 Hanover St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Inanition

Duration of Last Sickness, 14 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, July 3rd 83

Undertaker, Thomas H. Hooper

Place of Business, 31 Park

G. W. Wilson, M. D.
Medical Attendant.

Address, 121 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67716 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Polee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 136 Jefferson St

Cause of Death. First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial July 2nd

Undertaker Geo Schilling

Place of Business,

Wm. L. Rund, M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6776 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie A. Fiyer

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 146 Mulliken 2

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 5 Weeks.

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July

Undertaker J. C. Byrnes

Place of Business, ... *Address,* 137 Orleans St

J. J. Gray *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6717 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hershman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months.* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 66 Granby st

Cause of Death, First (Primary), ...

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 14 Days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd

Undertaker Fred Gaede

Place of Business, 29 S Caroline *Address,* 137 Oakam St.

J. L. Grupe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 67718 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. J. R. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 315 Argyle Ave.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, July 2d

Undertaker, Martin Fahey

Place of Business, 128 Townsend St.

J. H. Christian M. D.
Medical Attendant.

Address, 431 Lenora Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67119 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Sprunkling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Twenty seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 137 Fair mount Avenue

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 2. 1883

Undertaker, M. A. Daugherty

Place of Business, 74 S. Bway.

Wm H. Claudius, M. D., Medical Attendant.

Address, 20 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67720 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Mallory

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months.* 1 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 185 S. Register St.

Cause of Death. First (Primary). Tuberculosis Pulmonalis.

Second (Immediate). Acute Pneumonia

Duration of Last Sickness, Recent attack one week

the above info marked should be furnished by the Physician.

Place of Burial, M. E. Cemetery Philad Road

Date of Burial, July 3rd 1883 S. V. Gorwiler M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business. 65 S Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67721 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } — Rosa —

Sex, Male or Female, { Cross out the word not required in this line. } Female —

Age, Years, 10 1/2 Months, Days,

Color, Whit —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Nursery & Child's Hospital

Place of Death, { Give street and Number. } Left

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, July 2

Undertaker, C H Blizzard

Place of Business, 195 Pen

C. H. Brain M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9 15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Booth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Keeper of Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rippon, Jefferson Co W Va

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} # 104 S Howard St

Cause of Death, First (Primary,) Acute Gastritis

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemty *Medical Attendant.* J. E Kirby M. D.

Date of Burial, July. 3rd 1883

Undertaker, P. N. Groll

Place of Business, # 131 Hanover St *Address* 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67723 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia L. Rockmyer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 453 Light St

Cause of Death, First, (Primary,) Small-Pox

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial July 1st

Undertaker, W. Hart

Place of Business, No. 21 West St

O. A. Cooke M. D.,
Medical Attendant.

Address, 210 Fort ave

Boston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the coroner, who shall view the remains under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 67724

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 2 1883

Date of Death, July 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Davis

~~Sex~~, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 7 *Years,* ~~Months,~~ ~~Days.~~

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Black.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 72 Bergundy alley

Cause of Death, { First, (Primary.) Cerebo Spinal Meningitis. Inflammation? Second, (Immediate.) }

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1883

{ *Undertaker,* H Ross

{ *Place of Business,* 95 Conway

H. H. Goodman, Medical Attendant. M.D.,

Address, 18 Columbia Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67725

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 2 1883 BALTIMORE, MD.

Date of Death, July 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celestia Ann Ferguson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* 11 *Days.*

Color,

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Albany Co N.Y.

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 192 Light Street

Cause of death, First, (Primary,) Cardiac disease

Second, (Immediate,) old age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, H.G. Cove Cem

Date of Burial, July 3rd 1883

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

Address, [illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67726 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ... July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ..... James Washington

Sex, Male or Female, {Cross out the word not required in this line.} ..... Male

Age, 0 *Years,* 10 *Months,* 0 *Days,*

Color, ... Light Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ..... Single

Occupation ..... None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ..... Baltimore City

Duration of Residence in the City of Baltimore, ... Ten Months

Place of Death, {Give street and Number.} ..... 180 Pearce st

Cause of Death, First (Primary), ... Hot Weather

Second (Immediate), ... Cholera Infantum

Duration of Last Sickness, ... Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1883

Undertaker H Bell

Place of Business, 75 S Wilkins

H F Hahn M. D.
Medical Attendant.

Address, Cor Druid Hill & Pulaski

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67727 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 2 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 2 = 1883. (Twin)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Coleman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* ..... *Months.* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Cole St.

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July. 2 = 1883

Undertaker F. A. Kerchner

Place of Business, —

Geo. H. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67728 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 2 = 1883. (Died)

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Coleman

Sex, Male or Female. {Cross out the word not required in this line.} ~~Male~~

Age, *Years,* *Months.* 1/2 Hour. ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 1 Cole St.

Cause of Death. First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 2 = 1883

Undertaker H. A. Kerchner

Place of Business.

Geo. R. Dunan M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

GENERAL HOSPITAL
JUL 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Fortenbaugh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 125 S. Exeter St.

Cause of Death { First, (Primary,) Chol. Infantum
, { Second, (Immediate,) .....

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem. | Wm. P. Dales M. D.

Date of Burial, July 2nd 83 | Medical Attendant.

Undertaker, G. Frazer

Place of Business, Bauk & Wolfe | *Address,* 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67730 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. L. Marshal

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, Years, 2 Months, 26 Days.

Color, White

~~Married.~~ Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Ft Avenue

Cause of Death. First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, Since Birth

the above information should be furnished by the Physician.

Place of Burial, Lexington

Date of Burial, July 3 1883

Undertaker Armstrong Bros

Place of Business, 263 Light

H. C. Smith M. D.
Medical Attendant.

Address, 58 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Thos. 2985

Board of Health, City of Baltimore.

Permit No. 67731 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 2 1963
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doherty

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death. {Give street and Number.} 66 1/2 South st

Cause of Death. First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 3rd 1883

Undertaker Jos H Cook

Place of Business No 707 W Baltimore Street

James Brady M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67732 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Bouchatt.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } No 180 Columbia st.

Cause of Death. { First (Primary), Cholera Infantum. Second (Immediate), — }

Duration of Last Sickness. 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3, 1883

{ *Undertaker* L. Otten & Sons

{ *Place of Business,* 227 Aisquith st

C. L. B. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or in case of the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Murray

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number} 187 Hughes St

Cause of Death {First, (Primary.) Pneumonia
Second, (Immediate,) Unknown

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cem

Date of Burial, July 2nd 83

J H Buckman M. D
Medical Attendant.

Undertaker, C F Krauss

Place of Business, 209 Canon Address, 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67,734 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Lee

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} V

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 70 years

Place of Death. {Give street and Number.} 13 Wilhelm St

Cause of Death, First (Primary), Malaria & old age

Second (Immediate).

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1883

Undertaker Ewing & Mitchell

Place of Business, 550 W Fayette St

James Bowley M.D.
Medical Attendant.

Address, 319 N Bellefield

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67735 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Hood

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 4 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 322 Hollins

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and Number. } 322 Hollins st,

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) cerebritis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, M. L. Oliver Cemetery

Date of Burial, July 2nd 1883

Undertaker, Henry Mitchell

Place of Business, 553 W. Fayette

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67736 *Office of Registrar of Vital Statistics.* Ward 3,

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Lookern

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Tailor ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and Number. } 46 S Canton

Cause of Death, First (Primary). Asthma

Second (Immediate). Chronic Bronchial Catarrh.

Duration of Last Sickness, 4 months.

the above information should be furnished by the Physician.

Place of Burial, Alpharetta

Date of Burial, 3 July

Undertaker H Lippel

Place of Business, 157 S Bond

A R Gwodd M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67,737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lobian Gasnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 30 E. Townsend ct

Cause of Death, First, (Primary.) Premature Labor

Second, (Immediate.) Pelvic Cellulitis with Abscess. Septicaem

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, London Pk

Date of Burial, July 4 on

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st

J. N. Scarff M.D.,
Medical Attendant.

Address, 502 North Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health; City of Baltimore.

Permit No. 67738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Forden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dress maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 321 Park Ave

Cause of Death { First, (Primary,) Pulmonary congestion. / Second, (Immediate,) Asthma

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 4th

Undertaker, Chas J Scrivener

Place of Business, 271 N Eutaw St *Address,* 114 Park Ave

H E Lobstard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 47785 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerard Crowe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, A few months

Place of Death, {Give street and Number.} 424 Forrest St.

Cause of Death, First, (Primary,) Organic Lesion of Brain

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1883

Alan Truitt *M. D.,*

Medical Attendant.

Undertaker, Henry W. Mitchell

Place of Business, 550 W. Fayette *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6770 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Lively

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 Years, 5 Months, 18 Days,

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} No 9½ Chestnut St,

Cause of Death, First (Primary),

Second (Immediate) Effusion on the Brain (Fits)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3 - 5 - 1883

Undertaker W. W. Madden

Place of Business, 46 East St

P. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67141 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kane -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincents Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 1883 -

Undertaker, Robert McVeagh

Place of Business, Division & Lanvale.

R. M. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67742 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Keyser Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and Number.} 12 E Conn. Gilmor Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Com

Date of Burial, July 3rd 1883

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,*

J. C. Wade M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6743 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalie Rushi

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and Number.} # 2 Thames St.

Cause of Death, First (Primary). Croup (True)

Second (Immediate).

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, July 6th 83

Undertaker J. C. Schuh

Place of Business, 265 Aisquith Ave. *Address,* 1183 Fleet Street

John H. Robbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67744 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 /63

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Barth

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 374 E Chase St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 3.

Undertaker, Walter Immel

Place of Business, 315 W. Bidde-

A. Aronsohn M. D.,
Medical Attendant.

Address, 276 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest. Buland

~~Sex~~, *Male* ~~or Female~~ {cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 15 *Days.*

~~Color~~, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 22 Spring Row Balt. City

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number} 22 Spring Row

Cause of Death First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July the 4

Undertaker, Michael Funk

Place of Business, No 35 Bank Address,

S H Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No 6776 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wosokowski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 3 Shakespeare St

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, Old Phoenix

Date of Burial, 3 July

Undertaker H. Depkin

Place of Business, 151 S Bond st

John H Kehlberg M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Effing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 N. High St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 3rd 1883

Geo. D. Collins M. D.
Medical Attendant.
80 N. John St.

Undertaker, Thos D Byrne *Address*

Place of Business, 634 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4

Board of Health, City of Baltimore,

Permit No. 67748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catilla Owings

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 39 Chauncy St

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1883

Undertaker, Wm H. Dunges

Place of Business, No 62 East St

Sam'l J. Pelt M.D.,

Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67749 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roselle Knight

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Nr 135 Douglas st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Diphtheria

Duration of Last Sickness, 9 Days

The above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3d 1883

Undertaker Wm. N. Driggers

Place of Business, No 62 East st

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67760 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Wells

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 50 Lestrud St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3d 1883

Undertaker Wm M. Deegan

Place of Business, 1462 East St

H. G. Cook M. D.
Medical Attendant.

Address, Balt. & Bond. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67751 *Office of Registrar of Vital Statistics.* **Ward** 1 &

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Last Known Supposed to be June 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sheppard

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* *Days,*

Color, W

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Patterson Park Lake,

Cause of Death. First (Primary), accidental Drowning

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3rd 1883

{*Undertaker* Hyde Hauer & Son

Place of Business, 252 Caton Ave

Rob't M. Wright M. D.

~~Medical Attendant.~~ Coroner E D

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6752 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Steinmetz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~X~~ *Years* 7 *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1/6 E. Collington Ave.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, Three (3) days

All the above Information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, July 3d 1883

Undertaker H H Sander & Son

Place of Business, 252 Caroline Ave *Address,* 1/9 S. Broadway

J. L. Minton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E Kendall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sanford Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 268 Canton Av

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 3d 1883

Undertaker, H & H Sander & Son

Place of Business, 202 Caroline St

Saml E Cowell *M. D.,*
Medical Attendant.

Address, 29 Fitzwith Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and color, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67764 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archer E Kendall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} #268 Canton Avenue

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3rd 1883

Undertaker, Wm Sandy & Son

Place of Business, 252 Canton Ave

Daniel E. Powell M. D.,
Medical Attendant.

Address, 429 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67755 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of J. W. & Susan Burney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hours ? ~~Days.~~

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 32 Morris alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Premature birth.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3

Undertaker, Chas. T. Semmes

Place of Business, ...

O. Edw. Janney M. D.,
Medical Attendant.

Address, 242 W Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67756 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Gurley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days,

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. 53 Linden avenue

Cause of Death, First, (Primary,) Whooping cough

Second, (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial. July 3d 1883

Undertaker. John J. Andrews

Place of Business. No 486 Druid Hill Ave

Hartman M. D.,
Medical Attendant.

Address, 21 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Rem.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

Permit No. 67757

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 19 Years, 7 Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 230 N Eden St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Typho Malarial Fever 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto.

Date of Burial, July 3rd, 1883.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. E. Whiteford M. D.,
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 67768

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 22 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lana V Crawford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 75 Randall St

Cause of Death, First, (Primary.) Diphtheria —

Second, (Immediate.) Convulsions

Duration of Last Sickness, 8 hrs 6.

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem

Date of Burial, July 23 th 1883

Undertaker, Wilkins Koehler

Place of Business, Sharp & Cross Sts

A M Dodge M.D.,
Medical Attendant.

Address, 207 Randall

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Remarks

Board of Health, City of Baltimore,

Permit No. 67769 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elnora Francis Walker,

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 19 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 100 Sharp St.

Cause of Death, First (Primary),

Second (Immediate). Eclampsia

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, July 5th, 1883

Undertaker Wm D. Macken

Place of Business, 150 Eastern Av.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Remark[illegible]

Board of Health, City of [illegible]ce, 17

Office of Registrar of Vital Statistics. Ward

Permit No. 67760

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JUL 3 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd July 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Leonard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 15 Days,

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Child

Birthplace, { State on country, and now long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All Years Infantum

Place of Death, { Give street and Number. } 1 Clinton Infantum

Cause of Death, { First, (Primary,) Marasmus, { Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 3rd 1893

Undertaker, P. David Flynn

Place of Business, 109 West St

Medical Attendant. H. H. Mitchell M. D.,

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

P. David Flynn

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67761 *Office of Registrar of Vital Statistics.* Ward 11 B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 and 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 63 Poppleton st corner of Pratt

Cause of Death. First (Primary), Spasm

Second (Immediate)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3 '83 A. L. Buddenbohn M. D.

Medical Attendant.

Undertaker Ph. J. Dill

Place of Business 183 Columbia Address, 166. S. Pacas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2662

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67662 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha O'Brien

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 148 Saratoga

Cause of Death. First (Primary). .....

Second (Immediate). Cholera infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, July 4

Undertaker M. J. Cadigan

Place of Business, ...

Geo. H. Edmond M. D.

Medical Attendant

Address Com. & Stockton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67763

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Stevens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 16 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 13 State st

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 11 Hamilton st

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster St. Cem.

Date of Burial, July 4th

Undertaker, Wm. J. Gray.

Place of Business, 65 Hubbard St

C. H. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67764 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Williams

~~Sex, Male or~~ *Female.* {Cross out the word not required in this line.}

Age. 6 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 36 Cohens Alley.

Cause of Death First (Primary), Convulsions

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 hrs, 0 Three days

All the above information should be furnished by the Physician.

Place of Burial ~~Druid~~ Cemetery

Date of Burial, July 4th 1883

Undertaker ~~F Kerchner~~ J Gray

Place of Business. 68 Mulberry *Address,* No 58 N Liberty

J R Lamy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67765 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 3 1883 BALTIMORE

Date of Death, July 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Stoltzfus

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 58. Stiles St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 2 nd 1883

Undertaker, James A Byrne

Place of Business, No 63 N Front

H H Harris — M. D., Medical Attendant.

Address, # 154 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67766 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella S. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, X *Years,* X *Months,* 10 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 48 E Chas St

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 7th 1883

Undertaker, James P Byrne

Place of Business, No 63 So Front St

H. L. Reynolds M. D.,
Medical Attendant,

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to The Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 67767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Cannon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death. {Give street and number.} 199 Vine St

Cause of Death, First, (Primary.) Neglect

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Said to only a few hrs before death

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 3rd 1883

Undertaker, Alex Hensley

Place of Business,

L. L. Bitting M.D.,
Medical Attendant.

Address, 467 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6776

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6776 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Nichols

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 58 Williamson St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 4

Undertaker J Davis

Place of Business, ...

Geo. A. Dixon M. D.

Medical Attendant

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

For Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67769 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE

Date of Death, July 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Ott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 S. Chapel

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial Most Holy Redeamer bemetz

Date of Burial. July 4th " 1883

J. H. Cordes M. D.,
Medical Attendant.

Undertaker. Ambrose Koehler

Place of Business. 244 E Lombard St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6774 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hondsing

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* three *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 272 Cam Street

Cause of Death, First (Primary), ~~Inanit'n~~ Marasmus

Second (Immediate).....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem.

Date of Burial, July 3

Undertaker J. H. Blizzard

Place of Business, 198 Bond

M. D. Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No 67771

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 3 1883

CERTIFICATE OF DEATH.

Date of Death, July 3. 1883 Tuesday

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Mrs Sch~~ Kinsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Harford County Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, { Give street and number. } 150 Arlington Avenue

Cause of Death, First, (Primary.) Parturition - Post Partum Hemorrhage

Second, (Immediate.) Cardiac debility

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Belair

Date of Burial, July 5. 1883

Undertaker, Brough & Co

Place of Business,

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67772 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah Clifford

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elliott City Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death. {Give street and Number.} 75 Aliceanna St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 4 1883

Undertaker Chas Hemsley

Place of Business,

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67773 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy J. Baird

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 15 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 E Monument

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, July 4 1883

Undertaker, D Kimsey

Place of Business,

G. K. Shellman M. D.,
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67774 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kuchek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 286 Orleans St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial. St Vincent Cemetery

Date of Burial. July 4 1883

J H Bellinger M. D.,
Medical Attendant.

Undertaker, John Hannis

Place of Business, 352 Orleans St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 6777[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67776 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 5.30 P.M. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillian Dale Hinkle

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death. { Give street and Number. } 417 S. Bond St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Four Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 4. 1883

Undertaker M. A. Dayer

Place of Business, 74 S. Bway

James E. Donnelly M. D.
Medical Attendant.

Address, 220 Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67776 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July the 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} the infant of Phillip & Olive Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life time

Place of Death, {Give street and Number.} 194 N Biddle St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Colds and Sickly Bourn

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July the 3d

Undertaker, Wm Bishop

Place of Business, Druid Hill av

Geo. K. Dixon M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 67777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Schurr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* One *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 5 W cor. Eastern ave. and Broadway.

Cause of Death, First (Primary), Measles - Bronchio-Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 4 July

Undertaker H. D. Isdell

Place of Business, 151 S Bond *Address,* 7 N. Broadway

J. L. Wiltbank M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who, if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 67778 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 3 1893

Date of Death, July 2 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* — *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1. N. Cor Bowdy, and Eastered as

Cause of Death, First (Primary) Mal-nutrition & Measles Complicated with Bronchitis

Second (Immediate). Abscess

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, 4 July

Undertaker W Dippel

Place of Business, 1515 Bond

D L Miller M. D.
Medical Attendant.

Address, 1 No Bowdy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67779 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Blum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and Number.} 121 S Durham St

Cause of Death. First (Primary), Intussusception - Strangulated bowels

Second (Immediate),

Duration of Last Sickness, Six days - Called on Sunday

the above information should be furnished by the Physician.

Place of Burial St Alphonsus C

Date of Burial, 4 July

Undertaker H Dippel

Place of Business, 151 S Bond

Emil C Drexler M. D.
Medical Attendant.

Address, 1[illegible] Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67780 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Heuer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Monument St. cor

Cause of Death, First (Primary). Marasmus.

Second (Immediate). Debilitas

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 4. 83

Undertaker H. Saunderson

Place of Business, 252 Caton Ave

H. H. Luck M. D.
Medical Attendant.

Address, Balto. & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67781 *Office of Registrar of Vital Statistics.* Ward, 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ____ *Months,* ____ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 Jefferson St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 4 1883

Undertaker, Henry Forth

Place of Business, 304 E. Fayette

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Ellen & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67782 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Linnoth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore? Legitimate

Place of Death, {Give street and Number.} 2. E. Lee Madison & Eutaw Sts

Cause of Death, First (Primary),

Second (Immediate). Congestion of the Brain 5 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 4 1883

Undertaker Sterling Steele

Place of Business, 309 N Eutaw St *Address,* 52 Augusta Ave

Edward Randall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK

Board of Health, City of Baltimore,

Permit No. 67786 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Cornish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grain Measurer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 25 Years,

Place of Death, {Give street and Number.} 50 Walker St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 4 1883

Undertaker, Rose

Place of Business, Fairmount

Dr. J. Bell M. D.,
Medical Attendant.

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67784 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1883 BALTIMORE.

Date of Death, July 6th 1883. 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Johnston

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* + *Days.*

Color, Black

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 40. Wilmer Alley.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

Duration of Last Sickness, About 48. hours

All the above information should be furnished by the Physician.

Place of Burial, N P

Date of Burial, July 6

Undertaker, F W Shuler

Place of Business,

H C Coffroth M. D.,
Medical Attendant.

Address, 330. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 67785 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Ruckwedel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* Four (4) *Months,* Twenty four (24) *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Nine months

Place of Death, { Give street and Number. } 754 N. Bond St

Cause of Death,
First (Primary), Cholera Infantum
Second (Immediate), Exhaustion

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 4 1883

Undertaker John Hennessy

Place of Business, 354 Orleans St & 1 Eutaw Place

E. Ed. Shaw M. D.
Medical Attendant.

Address, 1057

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67786 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy P. Johnson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} 57 Stockton St —

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burying Ground

Date of Burial, July 4th 1883

Undertaker, W. N. Dunger

Place of Business, No 62 East st

Thomas Opie M. D.,
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness upon the deceased, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 67787 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1883

CERTIFICATE OF DEATH.

Date of Death, July 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 143 Vincent St.

Cause of Death, First (Primary). Scrofula

Second (Immediate). Scrofula

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1883

Undertaker Wm A Young

Place of Business, 62 East St *Address,* .....

J. W. J. Erdman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 67718 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 16 S Dallas

Cause of Death, First (Primary) Teeth Ulcerative

Second (Immediate). Septicaemia

Duration of Last Sickness, 35 Days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1883

Undertaker Wm N Dorsey

Place of Business, 1562 East st

James E Smith M. D.
Medical Attendant.

Address, 99 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67789 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 4 1883 BALTIMORE

Date of Death, Friday July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Steel

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, Eleven (11) Months, Fourteen (14) Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 246 E Lombard St

Cause of Death, First (Primary). Scarlet Fever

Second (Immediate). Hydrocephalus

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 5th 1883

Undertaker C. H. Ruscoe

Place of Business, 196 E Balto St

J. W. Thom M. D.
Medical Attendant.

Address, 15 E Eutaw Carolina Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 67798 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otis A. Sima

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor. Bond & Aisquith Sts

Cause of Death, First, (Primary,) —

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Wks.

All the above Information should be furnished by the Physician.

Place of Burial, Locust Grove

Date of Burial, July 4th 83

Undertaker, Otis R Bandel

Place of Business, 266 N Bond St

Silas N. Hunter M. D.,
Medical Attendant.

Address 31 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67721 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Egan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 15 Days,

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Alphonso Ct. Front Door

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, 20 Alphonso Ct

Date of Burial, July 4th

Undertaker [illegible]

Place of Business, *Address,*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 67792

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 67792 *Office of Registrar of Vital Statistics.* Ward JUL 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mallet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years.* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 242 Hughes St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate). Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Burial Cemetery

Date of Burial, July 4 / 83

Undertaker Todd Davis

Place of Business, 102 Ie St

W. S. Booze M. D.
Medical Attendant.

Address, 210 Sharp St

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ... during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... th, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... hs and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 67193 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Clarke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 28 E. Lombard St

Cause of Death, First (Primary), Dentition.

Second (Immediate). Enteritis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 4th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

Edward F. Mudrill M. D.
Medical Attendant.

Address, 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Nos. and Nat. of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67794 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th July '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Gray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 19 S. Broadway

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 6th 1883. John B. Newman M. D., Medical Attendant.

Undertaker, Henry J. Butcher

Place of Business, 69 S. Broadway *Address,* S. W. Cor. Aliceanna & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67795 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evanna Gibson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 187 Orleans St

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, July 6th 1883

J J Trost. *M. D.*

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and . Diseases on Back of this Certific.

Board of Health, City of Baltimore,

Permit No. 67796 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie H Sauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 13 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 194 Constitution St.

Cause of Death { First (Primary), Intus Susceptum
Second (Immediate), Edema Pulmonum

Duration of Last Sickness, 24 hours

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 4th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 90 Greenmount Ave

I M Peterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 1933

CERTIFICATE OF DEATH.

Date of Death, July 2, 1888

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mundle

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 221 E Lombard St

Cause of Death. First (Primary), Cerebral Inflammation

Second (Immediate).

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Se Potter

Date of Burial, July 4

Undertaker M Lippel

Place of Business, *Address,* 248 Aisquith

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Permit No. 6779

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fraugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* 15 *Days.*

Color, White.

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 96 Dolphin St.

Cause of Death. First, (Primary.) Phthisis

Second, (Immediate.) Phthisis.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 5th 1883

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St *Address,* 119 W. Monument St

H. P. Morgan *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 4 1883 BALTIMORE

Date of Death, July 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Roeder

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bayern Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} No 7 Walnut alley

Cause of Death { First, (Primary,) Consumption / Second, (Immediate,)

Duration of last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 5 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

F. J. Kelly M. D.
Medical Attendant.

Address, 146 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67800 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucia Sapp

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 123 W. Saratoga St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks, Found sawdust in the teeth

All the above Informations should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, July 4th 1883

Undertaker, A Rosenberger

Place of Business, 70 Hanover

E. W. Hillenbrand, M. D.,
Medical Attendant.

Address, 121 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...special attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

13 **Board of Health, City of Baltimore,**

Permit No. 67801 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Joseph Kellyroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and number.} 79 King st

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 4 1883

T Edward Kelly M. D.
Medical Attendant.

Undertaker, W. Boss

Place of Business, 95 Conway st *Address* 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

16 67802

Board of Health, City of Baltimore,

Permit No.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Anderson

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 16 Elbow Lane Dentition

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st burial

Date of Burial, July 4 1883

Undertaker, H C Ross

Place of Business, 95 Conway st

H. H. Goodman M.D.,

Medical Attendant.

Address, 18 Columbia ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67803 *Office of Registrar of Vital Statistics.* Ward 4 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 4 1923 BALTIMORE

Date of Death, July 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Fox

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Dress Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 109 E. Lombard

Cause of Death, First (Primary), Valvular - Mitral & Aortic - Heart Disease, Ascites

Second (Immediate), Spontaneous rupture through Umbilicus & Collapse

Duration of Last Sickness, 18 years with above disease but few hours after rupture

All the above information should be furnished by the Physician.

Place of Burial, Bells Church

Date of Burial July 5-

Undertaker J. F. Burns

Place of Business,

Geo. B. Symmers M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [and] condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67884 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 4 1883

Date of Death, July 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Wallis Hutchins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* .... 1 *Months,* + 14 *Days,*

Color, black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City M.D.

Duration of Residence in the City of Baltimore, Sixteen months

Place of Death, { Give street and Number. } No 8 Shield Alley

Cause of Death, First, (Primary,) Internal injuries received by being overlaid

Second, (Immediate,) Inflammation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fairhill

Date of Burial, July 4th 1883

Undertaker, Chas Hensley

Place of Business, 11 Orchard

John H. Brown M. D.,
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 67805 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reptholtzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give street and Number.} 59 Prendant St.

Cause of Death, First, (Primary,) Chol. Infan.

Second, (Immediate,) Chol. Infan

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lf Olivers

Date of Burial, July 5

Undertaker, W H Fuhr

Place of Business,

Wm H Harris, M. D.,
Medical Attendant.

Address, 154 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67806 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1883.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Joseph Josephus Neal

~~Sex,~~ Male ~~or Female.~~ (Cross out the word not required in this line.)

Age, two *Years,* — *Months,* 1 *Days,*

Color, colored

~~Married.~~ Single. ~~Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation ———

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore, always.

Place of Death, (Give street and Number.) 149 Pierce St.

Cause of Death, First (Primary).

Second (Immediate). Cholera Infantum

Duration of Last Sickness. 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1883

Undertaker S. M. Chase

Place of Business, 158 S Howard *Address,* cor Myrtle ave & Mulberry St

L. C. Horn. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the coroner, if no physician has been in attendance, or if he comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6780

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O'Hara

Sex, Male or Female, {Cross out the word not required in this line.} 1

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 21 S. Mount St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, July 4 83

Undertaker Mathias Cadden

Place of Business, 22 Mulberry St.

Edw'd F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6780 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 4 1883 BALTIMORE

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mabel Ellen Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 George st

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, Moribund when seen by me - Sick only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bone Bren

Date of Burial, July 4 1883

Undertaker, Matthew Landoyer

Place of Business, 227 Mulberry St *Address,* 227 Mulberry st

Caleb Winstead M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67809 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse J Kendall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Magnolia, Sanford bo Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} # 268 Canton Avenue.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 4. 1883

Undertaker, H Saunders Son

Place of Business, 252 Canton Address, # 29 Hiq with Stock

Saml E. Powell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67810 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 135 S. Second St

Cause of death, First, (Primary,) Abscess Intestinum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Forest

Date of Burial, July 4

Undertaker, Denzo Mulvihill

Place of Business, ...

Edward Kinsey M. D.,
Medical Attendant.

Address, 16 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 6781 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Fuhrl

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, — *Years,* One *Months.* 3 Weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 79 Orleans St

Cause of Death. First (Primary). Cholera Infantum

Second (Immediate). Brain trouble

Duration of Last Sickness 3 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 5th

F. A. Sauer *M. D.*
Medical Attendant.

Undertaker Geo. W. Sims.

Place of Business, 8 N Central Ave *Address,* 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. Wm Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 101 Front st

Cause of Death, First, (Primary,) Improper diet & hot weather

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial. July 5th 1883

Undertaker, John E. Boroughs

Place of Business, 320 Lemmon St. *Residence,* 124 n Exeter

E. C. Baldwin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67813 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hausmann,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 13 Days,

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city. born birth.

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 17 Garrett St.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, July 5.

Undertaker A Rohde

Place of Business, 48 Penna ave

H. Hatch, M. D.
Medical Attendant.

Address, 232 N. Gilmor.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67814 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 33 Chestnut St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, abt 1 day

All the above information should be furnished by the Physician.

Place of Burial, Army Cemetery

Date of Burial, July 5 - 1883

Undertaker, Wm. W Madden

Place of Business, 74 East St *Address,* East St

Geo. L Kenemon *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 67815 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Noel

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 14 *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 53 Canal alley

Cause of Death. First (Primary). .....

Second (Immediate). Cholera infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauree

Date of Burial, July 5

Undertaker A Gensley

Place of Business, ...

Geo. H. Dunn M. D.
Medical Attendant.

Address, Cor of Oldtown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67816 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 12 Days,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 312 N Gay st

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 6, 1883

Undertaker, Henry Hoeck

Place of Business, 209 Central Ave *Address,*

L. T. Coyner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No 67817 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE

Date of Death, July 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Gallagher,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 Years, Months, Days,

Color, White,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and Number.} 108 S. High St.

Cause of Death, First (Primary), Mortus Brightii

Second (Immediate), Anasarca

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, July 5, 83.

Undertaker Cockeran & Evans

Place of Business, Cor. Eutaw & Lexington

G. G. Kirk M. D.
Medical Attendant.

Address, 13 Bolt Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

10

Permit No. 6781

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Arnett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 177 Saratoga St.

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) Progressive General Paralysis.

Duration of Last Sickness, about a Year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 5th 83

J. R. Morgan M.D.,
Medical Attendant.

Undertaker, STEWART & WORTH UNDERTAKERS 56 Park Ave.

Place of Business,

Address, 119 W. Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6789 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. G. Ridgely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 69 McCulloh St

Cause of Death, First (Primary), Acute yellow atrophy of the liver.

Second (Immediate), Hemorrhage from the bowels.

Duration of Last Sickness, One month

the above information should be furnished by the Physician.

Place of Burial, Green. Mt Cy

Date of Burial, July 6th 1883

Louis H. Knight M. D.
Medical Attendant.

Undertaker HARRY E. HOWEN UNDERTAKER 56 Park Ave

Place of Business, *Address,* 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6782 0 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Barry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 209 N Howard St

Cause of Death, First (Primary),

Second (Immediate). Cerebral Congestion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mt Paul

Date of Burial, July 6 1883

Undertaker Thos Jenkins

Place of Business, Baker Baltimore *Address,* 28 Cathedral St

F. T. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 83 — 10 A M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cecil Stansbury Martin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years 5 — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 185 St Paul St Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 185 St Paul St

Cause of Death, First, (Primary,) Cholera Infantum Convulsions

Second, (Immediate,) Rapid Serous Effusion on brain

Duration of Last Sickness, 26 hours —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 5th 1883

Undertaker, Kerfoot Sisson & Lowe

Place of Business, Park & Saratoga

R. W. Smith M. D.,
Medical Attendant.

Address, 128 Madison St. W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 6822 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Pullman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, 10 Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 47 Mulberry Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, July 5 1883

Undertaker Z. B. Rose

Place of Business, 75 Conway

W. S. Bowe M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6823 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 157 York St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5 1883

Undertaker H. Rees

Place of Business, 95 Eastern Ave

W. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 67824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3" 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie McQuade

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and Number. } Clement's Ln

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem Oct. Lot No 2

Date of Burial. July 5th 1883

Undertaker, Wm J. Tilman

Place of Business, 65 S. Eutaw Street *Address,*

710 Fort ave ~~E.D.~~,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 67825 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Schuller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 86 S Caroline St

Cause of Death, First (Primary), measles

Second (Immediate), membranous croup 2 days

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6 1883

R. W. Mansfield *M. D.*
Medical Attendant.

Undertaker John Hennig

Place of Business, 352 Orleans St *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...an be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...eath, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 69826 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Josephine Bacigalupo

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and Number.} 61 President St

Cause of Death, First (Primary). Measles

Second (Immediate). Congestion of the Brain

Duration of Last Sickness, about 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 5th

Undertaker M Lafayette

Place of Business, ...

J Morris M. D.
Medical Attendant.

Address, 5 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 69829

Office of Registrar of Vital Statistics. 7th Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Paul Stern

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* ½ *Months,* 13 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 215 S. Dugleam St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chm

Date of Burial, 5th July

Undertaker, M Ruppel

Place of Business, 151 S Bond

Gust Kurtz M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 67828 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard J. Doyle

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary). Meningeal Hemorrhage

Second (Immediate).

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 5 1883

Undertaker Jos O Byrne

Place of Business, 65 Lexington

F G Connolly M. D.

~~Medical Attendant.~~

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6729 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1883 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar M. Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Hanbury St

Cause of Death, First (Primary), Dentition

Convulsions

Second (Immediate),

Duration of Last Sickness, 2 Hrs

the above information should be furnished by the Physician.

Place of Burial, Loudon Co.

Date of Burial, July 6

Undertaker B. Hall

Place of Business, 56 West St

H. Bevlin M. D.
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67830 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin M. Schamberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 133 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 6th

Undertaker Chas Sessum

Place of Business, 271 Eutaw St

J. H. Miller M. D.
Medical Attendant.

Address, 188 Franklin.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67831 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3/83

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Ruth A Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 20 S Wharf coal

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and Number.} 20 S Wharf Coal

Cause of Death, First, (Primary,) Inflamatory Diarrhea

Second, (Immediate,) Dysentery

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 5th

Undertaker, Chas Scrivens

Place of Business, 271 N Eutaw *Address,*

G. W. Ames *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67832 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2 .83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Hartman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ~~X~~ *Years,* 11 *Months,* 11 *Days,*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 51 S. Poppleton

Cause of Death, First, (Primary,) Diarrhoeal Enteritis.

and Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

At the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, July 6th 1883

Undertaker, Jos. B. Lash

Place of Business 707 W. Baltimore St.

W. H. Kemp M. D.,
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67833 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Goodman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 6 ½ Vermont St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 ½ Vermont St

Cause of Death, First (Primary), Pyaemia & Septicaemia Puerperal

Second (Immediate). Embolism

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 5/93

Undertaker JOSEPH R. COOK,

Place of Business, Undertaker, &c

M. D.
Medical Attendant.

Address, 85 Mt. Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectfully invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 67834 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur P. Armiger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 14 Montrose St

Cause of Death, First, (Primary.) Cerebral Meningitis

Second, (Immediate,) ——

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, July 5th 1883

Undertaker, Thos. J. Cook

Place of Business 707 W. Baltimore St. *Address,* 584 W. Fayette St.

H. L. Loughlin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 67836 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requesied so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Leslie

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Ten *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Loudoun Co Va

Duration of Residence in the City of Baltimore, About 8 weeks

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary),

Second (Immediate). Spinal Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Purcellville Va.

Date of Burial, July 5/83

Undertaker J B Cook

Place of Business, 707 W Balto St *Address,*

Ralph S Leiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lis[illegible] on Back of this Certi.

Board of Health, City of Baltimore,

Permit No. 68881 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 9 1883 BALTIMORE

Date of Death, July 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 232 N. Durham St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial. Druid Cemetery

Date of Burial. July 9 1883

Undertaker, F. G. Lasky

Place of Business, 173 Pelham

C. H. Taylor M. D.,
Medical Attendant.

Address, 134 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...r Burials, to the Office whence issued, ...

The Special Attention of Physicians is Respectfully Invited ... Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68002 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Kuehn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 276 Aliceanna St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 yrs. 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 10th 83

Undertaker, G. J. Frame

Place of Business, Bank & Wolf *Address,*

J. Holtenberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68603 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 29 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Wade

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* — *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 848 Eastern Ave

Cause of Death, First (Primary), Desquamative Nephritis following Scarlatina

Second (Immediate), Uraemia Poisoning

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 9th 93

Undertaker G. O'Meara

Place of Business, Bank & Wolfe *Address,* 1 So. Broadway

D. L. Austin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 15 ~~Days.~~

Color, White *Sex,* M

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number. } 346 N. Eutaw st

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 9th 1883

William Lee M. D.
Medical Attendant.

{ *Undertaker,* Henry Larkin & Son
{ *Place of Business,* Park & Saratoga Sts

Address 339 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68003 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward P. Fox

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* ~~*Days,*~~

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} E. E. cor. Lombard & Eden Sts

Cause of Death, First (Primary), Diphtheria

Second (Immediate), " Croup 7 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Green

Date of Burial, July 10 / 83

Undertaker Corbin Evans

Place of Business, Valley Eager

Edward P. McCook M. D.
Medical Attendant.

Address, 57 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Requested to the Notice Below, and to List of Diseases on Back of this Certificate.

Permits for Burials to the Office

Board of Health, City of Baltimore,

Permit No. 68086 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JUL 9 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1889

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Rosa Knapp,

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and Number. } 514 Penna Ave

Cause of Death, First, (Primary.) Septicaemia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Days ?

All the above information should be furnished by the Physician.

Place of Burial. Western Cemetery

Date of Burial. July 9

Undertaker, Walter Immick

Place of Business, 315 W. Baltimore St. *Address,* 520 Penna Ave

J. W. Ricketts M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DE~~ATH.

JUL 9 1933 BALTIMORE

Date of Death, July 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Francis Coltman

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 13 Years, — Months, — Days.

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Somerset Co. Md. U.S.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } No 7 China St

Cause of Death { First, (Primary,) Phthisis Pulmonalis

{ Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Spurrier Cemetery

Date of Burial, July 9th 83

Undertaker, Chas W Perkins

Place of Business, 130 Henrietta St

J. J. Shultz M. D.
Medical Attendant.

Address, 138 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials to the Off... issued Saturday of each ... No. 6808

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6808 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. Morgan

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days,*

Color, white

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Stevedore

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Wales

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, { Give street and Number. } 41 Hurst, L. Point—

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, July 9, 1883

Undertaker H. A. Darger

Place of Business, 74 S. Bway.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68009 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Koch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} N. 250 W Pratt St

Cause of Death, First, (Primary,) Pulmonary Phtisis

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above information to be furnished by the Physician.

Place of Burial, Balto

Date of Burial, July 10 1883

Undertaker, C. H. Troll

Place of Business, Hanover St

Henry Salzer M. D.,
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 68018

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th July — 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Fean

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 60 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 168 Pierce alley

Duration of Residence in the City of Baltimore, North side Dove Park

Place of Death, { Give street and number. } 68 Richmond C

Cause of Death, First, (Primary.) Chalora Infantum

Second, (Immediate.) 1 d

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, July 9th 1883

Undertaker, Jos F Byrne

Place of Business, 59 & Liberty Ave *Address,* 59

C R Gaastter M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully In[illegible] the Remarks below, [illegible] List of [illegible] on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1833 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 63

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Saunders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Wht c

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 176 Madison ave. north side above Eutaw

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, July 10th 1863

{*Undertaker,* Jos F Coyne / *Place of Business,* 39 N Liberty St

Wm F Lockwood M. D.
Medical Attendant.

Address Dr Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68012 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

Date of Death, July 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give name of parents.} James Patterson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 362 Austin St Lett

Duration of Residence in the City of Baltimore, 4 mos 7 Days

Place of Death, {Give street and Number.} 362 Austin St Lett

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate). Asthenia

Duration of Last Sickness, One Week

All the above info mat[illegible]should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, July 9th 1883

Undertaker John S Mercher

Place of Business, 150 Conder

Wm West M. D.
Medical Attendant.

Address, Maryland Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68013 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required, in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 48 Peach alley

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 9 1883

Undertaker A. M. Ellis

Place of Business, 198 S. Howard St

A. M. Keall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68014 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Egbert Clyde Yarton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 9 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hampton, Va.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and Number.} # 399 E. Madison st.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Spurious Hydrocephalus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, July 9 83

Undertaker, Henry Hofmann

Place of Business, N. Eutaw st.

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 303 S. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68015 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1933 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Claude Yarton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 9 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hampton, Va.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} # 399 E. Madison St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, July 9th

Undertaker, [illegible]

Place of Business, [illegible]

Geo. A. Northcut M. D.,
Medical Attendant.

Address, # 305 S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68016 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 9 1883 BALTIMORE, MD.

Date of Death, July 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Barnes

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and Number.} No 137 Gay St

Cause of Death. First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 7 years.

the above information should be furnished by the Physician.

Place of Burial, Glendy Burial Ground

Date of Burial, Tuesday July 10

Undertaker Thos S. Hughes

Place of Business, 60 E Balto St *Address,* 176 Market

C. F. Mohr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68017 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 9 1893 BALTIMORE

Date of Death, July 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Kraus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} /

Age, 82 *Years,* *Months,* 20 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} /

Occupation /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 616 Light St

Cause of Death, First (Primary), /

Second (Immediate) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 July

Undertaker Jos Köhler

Place of Business, Ehrp & Cross

Warden Cotter M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physic... ...ctfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 68018 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Leinhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* Four *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 7 G alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ft Odgens

Date of Burial, July 9

Undertaker, P Forde.

Place of Business, 711 A St 82

Julius Dahl M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68019 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Matilda Harvey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Fem

Age, 44 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 12 Fairmont Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, Dont Know did not attend her saw the patient one time about one month ago

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, July 9, 1883

Undertaker H. L. Davis

Place of Business, 74 S. Bway.

Wm. B. Benjamin M. D.
Medical Attendant.

Address, Bridge & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 68020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, three Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Con.

Duration of Residence in the City of Baltimore, Seven Weeks

Place of Death, {Give street and number.} No 4 Abbott st (in basement

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, July 9

Undertaker, G Reinhardt

Place of Business,

J H Dutton M. D.
Medical Attendant.

Address No 239 W Pratt st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68821 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Finder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 4 Months *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 61 W. Saratoga St

Cause of Death, First (Primary),

Second (Immediate). Cholera infantum

Duration of Last Sickness, since Birth 8 days

All the above information should be furnished by the Physician.

Place of Burial, E. R.

Date of Burial, July 9

Undertaker E. Kinchart

Place of Business,

Geo. W. Jessop M. D.
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained and ~~obtained~~,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68020 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Giles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 248 Hughes St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 th

Undertaker H Ross

Place of Business, 95 Lanvale St

C. L. Goes M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68023 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July the 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Costy Robin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 162 S Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Colera Infandum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemt

Date of Burial, July the 10th

Undertaker, Harper Rosse

Place of Business,

Geo. H. Jenkins M. D.,

~~Medical Attendant~~ Bd of Health

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68024 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 9 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schroeder

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months.* *Days,*

Color, W

Married, ~~Single~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 46 Years

Place of Death, {Give street and Number.} 46 S Central Avenue

Cause of Death, First (Primary), 3 Heart Disease

Second (Immediate), 3 Supposed Sudden Death

Duration of Last Sickness,

All the above Info matter should be furnished by the Physician.

Place of Burial Emanuel Church Cemetery

Date of Burial, July 10 th 1883

Undertaker Peter Frey

Place of Business, 91 Eden Ave

Chas McMullen M. D.
Medical Attendant.

Coroners

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68025 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Dystan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 4 *Days,*

Color, Light

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 182 Hughes St Balto

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } 182 Hughes St City

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate) Ascitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, July 9 1883

Undertaker H. C. Koch

Place of Business, 95 Hanover St

F. Meyer M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68026 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 9 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Heimerdinger

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 1 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 Parkin St

Cause of Death. First (Primary), Teething

Second (Immediate), Spasms.

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 10-1883

Undertaker Jno H Reis

Place of Business,

Geo. R. I. Dennis M. D.
Medical Attendant.

Address, Comr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

John E. Duncan

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68827

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F Dudley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days,

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 102 Welcome alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate). Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9th 83

Undertaker Wm Pfaenya

Place of Business, 62 East 30 Address, 220 Sharp St.

E. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68028 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Jones

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and Number.} #164 E. Balto. St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 1 Minute

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, July 1st, 1883

Undertaker, Wm. A. Jones

Place of Business, 62 East St.

Jos. H. Harris M. D.,
Medical Attendant.

Address, 154 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Phy... respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 68029 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

Date of Death, July 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Fitzpatrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Cor Calhoun & Lanvale

Cause of Death, First, (Primary,)

Second, (Immediate,) Uterine Cancer

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 10

Undertaker, Chas Scriven

Place of Business, 271 Eutaw St. *Address,* 23 Franklin

J H Patterson *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 68030 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, July 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Thomas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 11 Months, Days,

Color, Colored

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } #12 Temple St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Att 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, New Albany

Date of Burial, July 11.

Undertaker Chas A White

Place of Business, 35 Granby St

Geo. D. Kenneron M. D.
Medical Attendant.

Address, East Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68031 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH JUL 9 1883 BALTIMORE

Date of Death, July 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Brown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 94 Baker St. near Pine

Cause of Death, First, (Primary,) Inflammatory Intestinal Catarrh

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days?

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 9

Undertaker, C. H. Blizzard

Place of Business, 198 Pratt *Address,*

S. Rickert *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 **Board of Health, City of Baltimore,**

Permit No. 68032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Rieter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 1 Months, 19 Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 594 Saratoga St

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate.) "

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 10 83

Undertaker, Anthony Denny

Place of Business, No 243 E Pratt

Geo. Thompson M. D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68086 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Rose

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 31 Jordan Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1883

Undertaker, H. A. Bishop

Place of Business, 97 Druid Hill Ave *Address,*

H. M. Nelson M. D., Medical Attendant

Gath's Tea Drops

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68034 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Scheffel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Belair Road near Brandy Cy

Cause of Death, { First, (Primary.) Battle Fever
Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, July 10th

Undertaker, C. F. Kraus

Place of Business, 64½ W. Balt St. *Address,* 3107 N. Broadway

W. W. White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68836 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Owens

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 10 *Months,* 20 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 292 E Fayette st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 83

Undertaker, J J Lock

Place of Business, 73 Eutaw st

D W Cathell M. D., Medical Attendant.

Address, 2 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 68036 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} L M Roscoe

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Years, 2 Months, Days,

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 29 Bestman

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauel

Date of Burial, July 10

Undertaker A Hamley

Place of Business

Geo. T. Denson M. D.
Medical Attendant.

Address, Cor of Bentt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68037

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Seamen

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Michaels Talbot Co Md

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and number.} No 4 Hulfpron Alley

Cause of death, First, (Primary,) Cramps - Diarrhoea

Second, (Immediate,) " Seen but once

Duration of Last Sickness, One Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 83

Undertaker, Alex Hemsley

Place of Business,

Christian Wiemann M. D.,
Medical Attendant.

Address, 156 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 68038 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th '83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Marks

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, Five *Years,* Nine *Months,* Twenty six *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and Number. } # 14 Ridgley St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia — Double —

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

L. Tyler Smith M. D., Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 68039 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Francis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 3 months.

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, July 10/83

Undertaker, Frank McVeagh

Place of Business, Division St.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave Calvert st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No 680210 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, W

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Marine

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 54 yr

Place of Death, {Give street and Number.} 7 B Hamburg

Cause of Death, First (Primary), Inflammation of bowels

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 11

Undertaker B. Hurle

Place of Business, 82 West *Address,* 313 Light

R. H. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to this

Board of Health, City of Baltimore.

Permit No. 68041 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 1028 Eden

Cause of Death, {First (Primary), Cholera Infantum

Second (Immediate),}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 10 1883.

Undertaker John Hennig

Place of Business 382 Orleans St *Address,* [illegible]

Medical Attendant [illegible] *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [illegible]

[OVER.]

Board of Health, City of Baltimore,

1

Permit No. 68042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ambras Kirchner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 256 Eastern av

Cause of Death, {First (Primary,) Second (Immediate,)} Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com

Date of Burial, July 11th 83

Undertaker, G. Frances

Place of Business, Bantz & Wolfe Address 1112 211 N. Bond St.

Dr. Charles Koerner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68048 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 9 1883 BALTIMORE, MD.

Date of Death, July 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlie Gebhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and Number. } 70 Block St,

Cause of Death, First (Primary), Diarhoea accompanied

Second (Immediate), by Hardship

Duration of Last Sickness, four weeks

the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, July 10th 83

Undertaker J. J. Frame

Place of Business, Bank & Wolfe

John H. Kehlenger M. D.
Medical Attendant.

Address, 1243 Lee Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 68044 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City — Since Birth,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Fountain

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), Accompanied by Entero Colitis

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery.

Date of Burial, July 10th 83

Undertaker G. Pfrance

Place of Business, Pant & Wolfe 243 Aliceanna St

John H Kehberger M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 68046 *Office of Registrar of Vital Statistics.* Ward IV

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ July 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Biek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since Birth ✓

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1 & 51 Adams St.

Cause of Death, First (Primary), Croup (True)

Second (Immediate), ...

Duration of Last Sickness, One day

The above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 10th 83

Undertaker G. Franz

Place of Business, Bauer & Wolff Address, 243 Aisquith St.

Wm H Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Permit No. 68046

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Matilda Nicholson

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 78 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death. {Give street and number.} 84 Madison

Cause of Death, First, (Primary.) Heart-hypertrophy-dilatation

Second, (Immediate.) Paralysis & Pulmonic Congestion

Duration of Last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, July 11th 1883

Undertaker, STEWART & WORTH UNDERTAKERS

Place of Business, 35 Park Ave

C Blandin M.D.,

Medical Attendant.

Address, 5-9 Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand J. Meyer

~~Sex~~ *Male or ~~Female~~,* {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 89 Canale St

Cause of Death First, (Primary,) Intussusception of the bowels

Second, (Immediate,) Laparotomy — Shock

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, July 10th 1883

Undertaker, HOWARD & NEWIN UNDERTAKERS

Place of Business, 36 Park Ave

H. Tollowatz M. D.
Medical Attendant.

Address, 87 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 68048 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Brandt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* 5 *Months,* 9 *Days,*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Shoemaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} # 255 S. Sharp St.

Cause of Death, First (Primary). Carcinoma of Pancreas.

Second (Immediate). Exhaustion.

Duration of Last Sickness, About four years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11, 1883

Geo A Strauss M. D.
Medical Attendant.

Undertaker Ernst Schlamer

Place of Business, 200. Sharp St. *Address,* 51 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 68649 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Weisbaugh

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 354 E. Fayette st

Cause of Death. First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 10

Undertaker, H Saunders Sur

Place of Business,

Geo. H. Bevin M. D.
Municipal Physician

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 6855 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE, MD.

Date of Death, July 9 - 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida S. Lutz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 25 Fremont St.

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, About one month.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July the 11

Undertaker, Walter Immel

Place of Business, 315 W. Baltimore Address, 215 N. Carrollton Ave

John D. Kemp, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 68851 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 9 1883 BALTIMORE

Date of Death, July 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas R Hammer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* 1 *Days*

Color, White

~~*Married,*~~ *Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

Occupation, —

~~Birth~~place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} McHenry & Forrest Sts

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " Meningitis "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'ty

Date of Burial, July 12

Undertaker, Jos B Cook

Place of Business, 707 W Baltimore *Address,*

L. G. Smithson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 68052 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Daniels

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ~~Years.~~ ~~Months.~~ 1 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 179 William St

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 179 William St

Cause of Death. First (Primary),

Second (Immediate), Premature Birth caused by accident—

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 10/83

Undertaker B. Stark Co

Place of Business, 82 West—

Geo. W. Dunton M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below; and to list of [illegible]

Permit No. 6803

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 96

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Washington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 yrs 8 *Months,* ~~—~~ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Entero Colitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 11 1883

Undertaker, Gerkenhart

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 1178 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

Board of Health, City of Baltimore,

Permit No. 6054 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ashcroft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Ship Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 230 N Broadway

Cause of Death, First, (Primary,) Paralysis.

Second, (Immediate,) Coma.

Duration of Last Sickness, Receiving from other sickness - Paralysis Ex-

The above information should be furnished by the Physician. pired thirty hours before death.

Place of Burial, Greenmount Cemetery

Date of Burial, July 12th 1883 } D W Cathell M. D.,

Undertaker, Denny & Mitchell } Medical Attendant.

Place of Business, 68 S Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6805 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 12 M 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Williams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 Little Pine St

Cause of death, First, (Primary,) Gastro Enteritis (Diarrhoeal)

Second, (Immediate,) Collapse

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1883

Undertaker, Samuel Chase

Place of Business, 198 Edmond St

C J Clafford M. D., Medical Attendant.

Address, 330 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6756 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} No 266 N Calhoun St.

Cause of death, First, (Primary,) ....

Second, (Immediate,) Cancer of the Stomach

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, July 11th 1883

Undertaker, John J. Andrews

Place of Business No 64 & 66 Druid Hill Ave

Wm Warren M. D.,
Medical Attendant.

Address, Stricker & Warren

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68057 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dunn

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2a *Years,* 2 *Months.* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Fish Market

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 months About

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 12 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Geo B Reynolds *M. D.*
Medical Attendant.

Address, 171 N Calvert

RECEIVED JUL 9 1893 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68068 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1893 BALTIMORE.

Date of Death, July 9. 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Rico

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 8 *Years,* — *Months,* — *Days,*

Color, C

~~Married, Single, Widow or~~ Widower, { ~~Cross out the word not required in this line.~~ }

Occupation, Drayman.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 23 Chapel St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Dialysis

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 11 1893

Undertaker, J Mahan

Place of Business 198 Howard *Address,*

G. W. Innis *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 68059 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte A. Bias

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 90 Harmony Lane

Cause of Death, First, (Primary.) Aneurism of aorta.

Second, (Immediate,) ~~5 months~~ 8 hrs

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 11 1883

Undertaker, J. W. Chase

Place of Business, 178 Howard

H. F. Doll M. D.,
Medical Attendant.

Address, 443 Frankland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68060 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7. 10. 83 –

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Ida~~ Aneida Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 294 Argyle ave.

Cause of Death, First, (Primary,) Septicaemia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 11 / 83

Undertaker, John E Haugh & Co.

Place of Business, 320 Penn. ave

H. M. Eastman M. D.,
Medical Attendant.

Address, 349 Lund

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68061 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hirsch Meyer

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 70 *Years,* 2 *Months.* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 10 mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 218 Alice Anna st

Cause of Death, First (Primary). Malarial fever

Second (Immediate). Pneumonia

Duration of Last Sickness, 12 days

the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, July 12th 1883

Undertaker Wm Eilau

Place of Business, 101 Gough st

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

Board of Health, City of Baltimore,

Permit No. 68062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

Date of Death, July 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Lamar Magee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 78 S Carey St

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give street and number. } 78 S Carey St

Cause of Death, { First (Primary,) Spinal Congestion / Second (Immediate,) Convulsions

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 11th 1883

Undertaker, S. McLeonard & Son

Place of Business, 732 W Baltimore St

Dr. D. K. Hanson M. D.
Medical Attendant.

Address No 84 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 68863 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J Mara

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* —— *Months,* ..... *Days.*

Color, White

Married, ~~Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 40 Carlton Avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, July 12, 1883

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry *Address,*

Thos O Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68864 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. CITY JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mazima

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— Years, 3 Months, 15 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 President St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Four or five days

At the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, July 11 th

Undertaker, W. Dipple

Place of Business,

R M Cathell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68865 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Drexel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* 1 *Months,* 0 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Driving Delivery Cart

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 79 Druid Hill Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 12

Undertaker, Walter Immel

Place of Business, 315 West Biddle St.

D. R. Hellman M. D.,
Medical Attendant.

Address, 120 East Pratt Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68066 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 11 1893 BALTIMORE

Date of Death, July 10th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Wipert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 53 Biddle Alley

Cause of Death,
First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 12 Wash, Immed.

Undertaker, ~~315 W Biddle~~

Place of Business, 315 W Biddle *Address,*

D Rickert *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

11

Board of Health, City of Baltimore,

Permit No. 68667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert H Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 Dolphin st, City.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11th 1883

C. F. Brown, M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 2711 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Rules As Below, and to List of Diseases o...

Board of Health, City of Baltimore.

Permit No 68068 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ebert

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 20 Banks

Cause of Death. First (Primary),

Second (Immediate). Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 11

Undertaker M Ahern

Place of Business,

Chas. F. Jenson M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14

Permit No. 6806

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

Date of Death, July 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Bure

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 20 Hopkins Place

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 12. 1883

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St

H. P. Wright M.D.,

Medical Attendant.

Address, 71 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68070 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Coleman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 5 T Williamson St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, 11th July 83

Undertaker, Geo W Perkins

Place of Business, 217 Hanover

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
7th & Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6807 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Thomas

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 62 *Months,* 26 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her Lifetime

Place of Death, {Give street and Number.} 72 Battery Ave

Cause of Death, First (Primary).

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, July 12

Undertaker B Hauk

Place of Business, 82 West H

Howard Cotton M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Balt.

Permit No. 6807 2

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith L Wentworth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Twenty Five *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, {Give street and number.} 142 N. Charles st.

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Two & half weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 11th 1883

A. M. Bell M.D.,

Medical Attendant.

{ *Undertaker,* J Henry Mitchell

{ *Place of Business,* 65 S Broadway *Address,* 210 N Howard st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6803 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Packard

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 608 E. Baltimore St

Cause of Death. First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 15th 83

Undertaker H. C. Sander & Son

Place of Business, 252 Canton Ave *Address,* 245 Pine Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 68074 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Heinekamp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 693 W Lombard St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 12/83

James Bosley M. D.
Medical Attendant.

Undertaker JOSEPH B. COOK

Place of Business, *Address,* 819 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6813 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1893 BALTIMORE.

Date of Death, July 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Kerrin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Previous life

Place of Death, {Give street and Number.} 41 E. Eager St Previous life

Cause of Death, First, (Primary,) Feeble constitution

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the attendant.

Place of Burial, [redacted]

Date of Burial, July 11 1893

Undertaker, Jas O Byrne

Place of Business, 63 E Eager *Address,* ..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68076 *Office of Registrar of Vital Statistics.* Ward V

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Long

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} St. Vincents Hospital

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 12 1883

Undertaker, Jas P Lynch

Place of Business, 13 Hanover

I H Butler M. D.,
Medical Attendant.

Address, 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68077 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 4 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 4 Parrish alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 4 Parrish alley

Cause of death, First, (Primary,) 0

Second, (Immediate,) Inanition

Duration of Last Sickness, 4 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 10th 1883

Undertaker, Wm H Burgess

Place of Business, 1162 East 31st

Wm K Warren, M. D.,
Medical Attendant.

Address, Southern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68078 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* Twenty Three *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 646 Druid Hill ave

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial. July 11th — 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st

A A Poe M. D.,
Medical Attendant.

Address, No 1 North ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19

Board of Health, City of Baltimore,

Permit No. 68079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert W. Hamill

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* 27 *Days* +

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Queensware Manufr

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 24 Years +

Place of Death, {Give street and number.} 181 North Gilmore Street x

Cause of Death, {First (Primary,) Paraplegia from Dorsal Myelitis

{Second (Immediate,) Long decubitus. Debility. Bed Sores &c

Duration of Last Sickness, Twenty weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery

Date of Burial, July 12th 1883

Undertaker, Penny & Mitchell

Place of Business, 332 W Fayette St

W. J. Ross M. D.
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68080 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Albert Ruppel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 *Years,* 9 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 711 E Madison St

Cause of Death, First (Primary), Pneumatism (Dog Pistol)

Second (Immediate), Tetanus

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 12, 1883

Undertaker Henry Heath

Place of Business 309 Central Ave

J. W. Slover M. D.
Medical Attendant.

Address, Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6881

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 11 1883 BALTIMORE.

Date of Death, July 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If unknown not named, give names of parents. } James Frank Fiel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, 15 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, Baltimore Since birth

Place of Death, { Give street and Number. } 781 E Biddle Street

Cause of Death, First (Primary) Cholera Infantum

Second (Immediate) Exhaustion

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 11, 1883

Undertaker Henry Floerke

Place of Business, 309 Central Ave Address, 309 Eutaw Ave

J. W. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68082 *Office of Registrar of Vital Statistics.* Ward 20.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 7 *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 444 Vincent alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 444 Vincent alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 11 '83

Undertaker, J. Jordan

Place of Business, 1062 Park ave

G. H. Ames' M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Board of Health, City of Baltimore,

Permit No. 68083

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE JUL 11 1883 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pet. Freitag = Katharina Freitag

~~*Sex*~~, ~~*Male*~~ ~~*or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3½ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 238 Light St.

Cause of Death, First, (Primary.) Drowned

Second, (Immediate.) unknown

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, July 8

Undertaker, Arnold Denny

Place of Business, ...

Geo. N. Benson M.D.,

Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of C...

Board of Health, City of Baltimore,

Permit No. 68844 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis A Howard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Ohio av.

Cause of Death, First (Primary), Dropsy

Second (Immediate). Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem

Date of Burial, July 10th 188[redacted]

Undertaker John J Andrews

Place of Business No 4 Druid Hill Ave *Address,* 210 Sharp St

W. S. Bowie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 68085. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 11 1883 BALTIMORE

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert C. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* six *Months,* ..... *Days,*

Color, ed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 17 China St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 12, 1883

Undertaker W H Chase

Place of Business 198 Howard St

Wm Gonbel M. D.
Medical Attendant.

Address, 170 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68186 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bevans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, Days,

Color, Colored

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 H alley

Cause of Death, First (Primary). Muco-enteritis

Second (Immediate). Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 12 1883

Undertaker S Nichols

Place of Business, 98 Howard St

J. L. Iges M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68087 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 11 1893 BALTIMORE, MD.

Date of Death, July 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~6~~ *Years,* Six Month *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Baltimore City)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 392 East Madison St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain & Convulsions

Duration of Last Sickness, about a week. Had always been delicate

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, July 13/93

Undertaker, Fry & Fry

Place of Business, 1/2 Broadway

E. J. Simms M. D.,
Medical Attendant.

Address, 42 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6808 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Swindell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 26 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and Number.} Sterling & Madison Sts.

Cause of Death, First (Primary). Malignant Rubeola Entero-Colitis

Second (Immediate). Pneumonia

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, July 12 1883

Undertaker Henry Stocks

Place of Business 309 N Central Ave *Address,* 57 Aisquith St

Edward P. Wilbur M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 68089 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lee Shanks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 139 Peice St.

Cause of Death, First (Primary), Scrofula

Second (Immediate), Spinal Meningitis.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian Burial Ground Govenstown

Date of Burial, July 12th, 1883.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

Louis C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6898 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 135 Wilsonne alley

Cause of Death, First (Primary). Scrofula

Second (Immediate). Cholera infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamer

Date of Burial, July 13

Undertaker H Rees

Place of Business, ...

Geo. F. Dennis M. D.

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6809 1/ *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ravlin

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, Thirty *Years,* ——— *Months,* ——— *Days.*

Color, Brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ellicott City

Duration of Residence in the City of Baltimore, Twenty-years

Place of Death. { Give street and Number. } No. 19 Union St.

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, Three months

All the above Information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, July 12th 1883

Undertaker Alex Hewes Esq

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 6892 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Crawford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 3 Gelsons Court

Cause of Death, First, (Primary,) Chronic Capillary Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1883

Undertaker, H. N. Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* 262 Madison Ave

Edw C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68093 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sivinia Elliot

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 551 Light St

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,) .....

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, A. A. County Md

Date of Burial, July 14th 1883

Undertaker John S. Thacher

Place of Business, 150 Camden

O. A. Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68694 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 4 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death. { Give street and Number. } 319 E. Balt. St.

Cause of Death, First (Primary), Haemoptysis

Second (Immediate), & Exhaustion

Duration of Last Sickness, the time

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 12th 1883 G. G. Lusk M. D.

Medical Attendant.

Undertaker L Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Balt. & Bank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 68796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 12 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abel Willis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baers

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Gilds Wf Bet Fay & 2

Cause of Death. First (Primary), accidentally Drowned

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 13th 1883

Undertaker Adam Fink Son

Place of Business, 461 N. Gay St

Chas H. Morfit M. D.

Medical Attendant.

Address, 61 Wells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68096 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benedict Sally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 225 N Caroline St

Cause of Death, First (Primary),

Second (Immediate). Brain fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, July 13

Undertaker W M Dupee

Place of Business,

Sw. N. Dixon M. D.
Medical Attendant.

Address City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68079 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Sideman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Polan Russia

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 11 W. Lombard St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Schalom

Date of Burial, July 12th

Undertaker, Wm Eilan

Place of Business, 101 Gough St

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Permit No. 6809

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Taylor

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, About 38 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widowed or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in City of Baltimore, 38 Years

Place of Death, {Give street and number.} 24 Union St.

Cause of Death, First, (Primary.) Paraplegia, Died with —

Second, (Immediate.) inflammation of Bowels

Duration of Last Sickness, Same Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11-1883.

Undertaker, Wm W. Maddey

Place of Business, #46 East

J Griffing M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Board of Health, City of Baltimore,

Permit No. 68099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 11th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah S. Gambill.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 237 W. Lanvale St.

Cause of Death, First, (Primary.) Schirrus of uterus

Second, (Immediate.) Diarrhea and exhaustion.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 12th.

Undertaker, D. N. Croll

Place of Business, ~~#~~ 131 Hanover ~~St~~ *Address,* Harlem av. Calhoun

R. H. Goldsmith M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68700

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased { Write plainly and spell correctly. If an Infant unnamed, give names of parents. } Edward Saddler Austin

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 3 Years. Months. Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 10 Baker St.

Cause of Death, { Primary. } Pneumonia

{ Secondary. } Several weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cem.

Date of Burial, July 14th.

Undertaker, Chas J Serrin

Place of Business, 271 N Eutaw St. *Address,* 77 Hoyt St

E. H. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68101 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th. July 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily Kavanaugh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and Number. } Canton Avenue 283.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Joules

Date of Burial, July th 12.

Undertaker, W. Blothenup

Place of Business, 260 E. Lombard

William Henkel M. D., Medical Attendant.

Address, S. Wolfe & Ann.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6802 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1883 (July 11, 1883)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 19 *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 47 Little Monument St

Cause of Death, First, (Primary,) Diarhoea

Second, (Immediate,) Marasmus

Duration of Last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 83

Undertaker, S. Hendley

Place of Business, ...

Flora A. Brewster M. D.,
Medical Attendant.

Address, 304 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6803 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthias Kleas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 11 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 62 Ine Decatur St. East

Cause of Death, First (Primary), Cerebro spinal - Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 12 1883

Undertaker John Hennig

Place of Business, 852 Orleans St *Address,* 77 So. Broadway

P. L. Weiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68104 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Mostenhofer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pzalh

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 9 Potrero Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church

Date of Burial, July 13th 1883

Undertaker Peter Frey

Place of Business, 91 Eden Ave

Herman Kirsten M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

Board of Health, City of Baltimore,

Permit No. 68105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gore

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 24 years ~~Years~~, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} in Freedom Carroll Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 366 Lexington St.

Cause of Death { First, (Primary.) Valvular Disease of Heart
Second, (Immediate.) Pneumonia

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Freedom Md

Date of Burial, July 13th 1883

{ Undertaker, Perry & Mitchell
{ Place of Business, 336 W Fayette St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6816 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie Mackman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 4 *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} ~~Jackson~~ ch 2 Whitedell Dearborn

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 12/83

Undertaker, JOSEPH B. COCK,

Place of Business, 707 W. Baltimore St.

W. H. Thump M. D.,
Medical Attendant.

Address, 55 N. Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6810 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Jas. H. Gillings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cutler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and Number.} No. 219 Pierce Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Six hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 16/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

Chas. H. Neff M. D.,
Medical Attendant.

Address, 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68108 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Clement Geiger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* .... 5 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 412 Lexington

Cause of Death, First, (Primary,) Diarrhoea & Enteritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 13

Undertaker, J B Cook

Place of Business 704 W Baltimore

W F Kemp *M. D.,* Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Waterworth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 or about that *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Light Keeper at Hawkins Point Chesapeak Bay

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 142 Lancaster St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 12 1883

Undertaker, J McGinnis

Place of Business, 43 Plowman St

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O. Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

Permit No. 68110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tidy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 27 Lemmon St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 12, 1883

Undertaker, Heathcote Bodgar Address 84 and 86 Eutaw St

Place of Business, 227 W Baltimore St

Wm R Stokes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6811 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Nicholls

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, C.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Little York

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} No. 160 Raburn St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Ovarian Tumour

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial Lemmel Cemetery

Date of Burial July 12 1883

Undertaker, William N Boyce

Place of Business No 62 East St *Address,* 306 W. Fayette St.

C. W. Nefs M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6812 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th - 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 13/83.

Undertaker, Jno Veagh

Place of Business, Division & Fremont

R. H. Robertson, M. D.,
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore.

Permit No. 68113 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ziegy Shovelyko

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S. - 9 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 122 Lawbridge - Block 82

Cause of Death. First (Primary), accidentally Knocked

Second (Immediate), Sunstroke & Fracture Skull

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 12 July

Undertaker W Dippel

Place of Business. 161 S Bond

Chas. E. Mohr M. D.
Coroner & Medical Attendant.

Address, 67 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 68114 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Kirchheim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 12 years

Duration of Residence in the City of Baltimore, 204 W Lexington St

Place of Death, {Give street and Number.} Phthisis pulmonalis

Cause of Death, First (Primary), Exhaustion

Second (Immediate), 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, July 13th

Undertaker J. Fuller

Place of Business, 86 N Paca St

A Friedenwald M. D.
Medical Attendant.

Address, 88 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68115 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gebhart Lotta

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 33 Wyatt St.

Cause of Death, First, (Primary,) Diphtheritis Laryngitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th 1883

Undertaker, P. Secrest

Place of Business, 33 S Eutaw St *Address,* 530 Penna Ave

Dr Rucker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 68116 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis McCann

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, ~~Mos~~ 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Baggage master

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Niagra House — Camden St

Cause of Death, First (Primary), Dysentery

Second (Immediate), Gastro Enteritis

Duration of Last Sickness,

All the above info matters should be furnished by the Physician.

Place of Burial, Harford Co.

Date of Burial, July 12th 1883

Undertaker C.F. Krause. Ed. Bell M. D.

Place of Business, Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 6817 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Krona

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, one *Years,* ~~Seven~~ *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 66 Poppleton St.

Cause of Death,
First (Primary), Dentition
Second (Immediate), Hydrocephalus

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th 1883

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St

James Bacon M. D.
Medical Attendant.

Address, Cor Arlington ave & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That when any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Balti

Permit No. 68118

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 12 1883

CERTIFICATE OF DEATH.

Date of Death, July 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Letitia Buchanan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penn'a 75 years

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 15 N. Mc Culloh bet Saratoga

Cause of Death, First, (Primary.) Cancer Scirrhus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa,

Date of Burial, July 13th 1883

C. B. Gaunble M.D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* S. Y. Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 68119 ; *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Steet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Coach Finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 60 Albemarle

Cause of Death,
First (Primary), Heart Disease
Second (Immediate), General Anasarca - Exhaustion

Duration of Last Sickness, 5 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14/1883

Geo. D. Reynolds M. D.
Medical Attendant.

Undertaker Jas F Byrne

Place of Business, 6 3 Lumb *Address,* 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Board of Health, City of Baltimore,

Permit No. 68120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella E. Hudson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, { Give street and number } 1 Battery ave

Cause of Death { First, (Primary,) — ; Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loch Hill

Date of Burial, July 13/83

Undertaker, Chas Penny

Place of Business, 263 Light

R. C. Lem. D.
Medical Attendant.

M. M. Co.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E. Hudson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, a Battery 2 years

Place of Death, {Give street and number} 1 Battery av

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, July 13/883

Date of Burial, Eden Hill

Undertaker, Smith & Penny

Place of Business, 263 Light

R. C. Lee M. D.
Medical Attendant.

Mun

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68122 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 12 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Shaner

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, ... *Years,* ..... *Months,* ..... 26 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 287 Aliceanna st.

Cause of Death, First, (Primary,) Exanthem

Second, (Immediate,) .....

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, July 13th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Samuel ..... *M. D.,*
Medical Attendant.

Address, 3. N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68123 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Hall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 129 Chestnut st

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Teething

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial. July 13 1883

Undertaker, Wm W Madden

Place of Business, 46 East st

E G Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 68127 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 12

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Kempee

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 hr *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 188 Bare St.

Cause of Death. First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information could be furnished by the Physician.

Place of Burial, Bares

Date of Burial, July 13

Undertaker E Schloman

Place of Business, ...

Geo. W. Benson M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68725 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Ivan Healy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 8 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath. Md.

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and Number.} 180 E. Monument St.

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Measles

Duration of Last Sickness, ~~One day~~ 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 9th. 1883.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Geo. A. Hartman M. D., Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 68126 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Berry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 216 McCulloh

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, over four months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 15th

Undertaker, Chas T Sorrin

Place of Business, 271 N Eutaw

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No 6812

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 80 N. Eden st

Cause of Death, First (Primary), Gastritis

Second (Immediate), Convulsions

Duration of Last Sickness, 14 Days

the above information should be furnished by the Physician.

Place of Burial, Lowe Cemetery

Date of Burial, July 13th 1883

Undertaker J J Locks

Place of Business, 473 Hanover st

J H Buxton M. D.
Medical Attendant.

Address, 137 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68128 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7, 12, 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Ellen Curtis

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 2 " 2 " Lifetime "

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 48 Saratoga

Cause of Death, { First, (Primary,) Consumption / Second, (Immediate,) Sexual Organs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1883

Undertaker, M. Cleary

Place of Business, 63 North Ave

W. H. Eastman M. D., Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ann Jackson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* Three (3) *Months* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number} Cor. Little Pleasant St. & College alley.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion.

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, July 13th 1883

Undertaker, Wm J Jordan

Place of Business, 63 Park Ave

Christofer Johnston Jr. M. D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68130 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola Lederman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 126 Cuba's Ct

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13 1883

Undertaker John Hearing

Place of Business, 352 Orleans St *Address,* 137 Cuba's Ct

J. J. Gue M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68731 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Vincent Frank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, — Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and Number.} 7 Jas Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 14

Undertaker, Mangum & Pyle

Place of Business, Mulberry St No 9

G. A. Gillis M. D.,
Medical Attendant.

Address, 157 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 68182 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12-83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew McClaus

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Male

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Worker Grader

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 14 Yrs

Place of Death, { Give street and Number. } 84 N Chas St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), A general breakup of system

Duration of Last Sickness, A short Sickness

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cy

Date of Burial, July 14th 1883

Undertaker

Place of Business, 96 Park Ave

W. H. Grim *M. D.*
Medical Attendant.

Address, 186 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68733 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. A. Magruder Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Roberts Ct

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial July 14th 1893

Undertaker, [illegible] UNDERTAKERS

Place of Business, [illegible]

A. McKinsey M. D.,
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6 / 1347. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorda Holmes Ismael

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 326 Nort Howard

Cause of Death, First (Primary), Convulsions Infantum

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1883

Undertaker Wm. A. Duncan

Place of Business, No 62 East Pratt

C. McDodson M. D.
Medical Attendant.

Address, 192 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68135 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-eight years

Place of Death, {Give street and Number.} #149 Canton Av.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 14th 83

Undertaker H C Carden & Son

Place of Business, 252 Canton Av *Address,* 2438 Alice Anna St

John H. Kellogg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68136 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Diering

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years;* 3 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 279 Canton Av.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 14th 83

John H. Kelberger M. D.,

Undertaker, H C Snader & Son

Place of Business 252 Canton Av

Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6873

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

Date of Death, July 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 11 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 23 Vincent Alley

Cause of Death, First, (Primary,) Marasmus,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mths.

All the above information should be furnished by the Physician.

Place of Burial Shanp Ridge Cemetery

Date of Burial. July 14 1883

Undertaker, Alex Hensley

Place of Business, ... *Address,* 520 Pine St

I Richard ..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18

Board of Health, City of Baltimore,

Permit No. 68138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Neary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No 247 N. Eutaw St.

Cause of Death, {First (Primary,) Scarlet Fever} {Second (Immediate,) Excessive Inflamation & Tumefaction of Throat}

Duration of Last Sickness, about six days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem—

Date of Burial, July 14/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c. 1 BALTIMORE.

J. Ridgely Hammond M.D.
Medical Attendant.

Address N. E. Cor. Calhoun & Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 68137 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Miller,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* 15 *Days,*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 35 years,

Place of Death, {Give street and Number.} 52 Burgundy alley,

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Tuberculosis

Duration of Last Sickness, about 10 months,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 15th "

Undertaker Wm. J. Tickner

Place of Business, 65 S. Eutaw st

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6814 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 13 1883

CERTIFICATE OF DEATH.

Date of Death, July the 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Heenrich Wengert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, one Years, 5 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 Weeks

Place of Death, { Give street and Number. } 726 Hanover St

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemtry

Date of Burial, July the 13th

Undertaker Mr Early

Place of Business, West St

Jas. R. Benson M. D.

~~Medical Attendant~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68141 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Haus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 71 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor Cor. Preston and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Age & General debility -

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery

Date of Burial, July 14th 1883

Undertaker, Mr. L Haus

Place of Business, 317 Mulberry St *Address,*

M. Burke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 68442 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12/83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lolias. Richardson

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months.* ..... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 6 Herrings court

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dolphin Cemetery

Date of Burial, July 13 1883

Undertaker J. E. Foard

Place of Business, 73 Eutaw

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hookey

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 74 N Strieker St

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14th 1883

Undertaker, Gall Leonard & Co

Place of Business, 732 W. Baltimore

John F. White M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68144 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. July 12 83

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Rauch

~~*Sex.*~~, *Male* ~~or Female.~~ { Cross out the word not required in this line. }

Age. 69 *Years,* 4 *Months,* ..... *Days.*

Color. White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation baker

Birthplace. { State or country, and how long in the United States, if of foreign birth } Germany

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death. { Give street and Number. } 203 S. Bridge.

Cause of Death { First (Primary). Pneumonia

Second (Immediate). Paralysis

Duration of Last Sickness, 4 d.

All the above information should be furnished by the Physician.

Place of Burial James C.

Date of Burial. 15 July

Undertaker W. Dupel

Place of Business. *Address,* 245 S. Bridge

Thatcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68745 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam S Miller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } /

Age, 58 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. } /

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md E. R. Lancaster Co

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 157 Hudson St

Cause of Death, { First (Primary), Jaundice

Second (Immediate), Ulcerated Stomach Disease

Duration of Last Sickness, 2 days 7 Months

All the above information should be furnished by the Physician.

Place of Burial, E. R. Lancaster

Date of Burial, July 14/83

Undertaker Enright

Place of Business, ...

Geo. H. Green M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kocka

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 109 N Gay St

Cause of Death First, (Primary,) Cholera Infantum + Measels

Second, (Immediate,) Exhaustion

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 13

Undertaker, J Henry

Place of Business, [illegible]

E J Wells *M. D.*
Medical Attendant.

Address, 474 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

7

Board of Health, City of Baltimore.

Permit No. 68147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jindra

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 3 wks

Place of Death, {Give street and number} 293 N Durham St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, ~~days~~ Ten days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 13.

Undertaker, John H Kenny

Place of Business, [illegible] Address, 419 N Bond

Elmalls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

19

Board of Health, City of Baltimore,

Permit No. 6814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Wheeler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty five *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Male, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} No. 791 W. Baltimore Street.

Cause of Death, First (Primary,) Chronic Valvular Disease of Heart.

Second (Immediate,) Paralysis of Heart.

Duration of Last Sickness, Many years:—about forty

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

J. Ridgely Hammond M. D.
Medical Attendant.

Address N.E. Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6811

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph Baugst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 Years, — Months, — Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — In U.S. 5 yrs City 50 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Church Home Infirmary N. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt cemetery

Date of Burial, July 15 1883

Undertaker John W Jackson

Place of Business, 69 S Caroline

J. D. Glenn M. D.
Medical Attendant.

Address, Ch. Home Infy N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68160 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia J. Forsyth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Three *Months,* Four *Days,*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} .....

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N.W. cor. Lafayette & Pine Sts 86

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 14 83

Undertaker, Ly. Lee

Place of Business, 21 N Gordon

Wm H Gundrum M. D.,
Medical Attendant.

Address, 100 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68151 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Wittler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 7 *Months,* *Days.*

Color, white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 187 Johnson st

Cause of death, First, (Primary,) also ap

Second, (Immediate,)

Duration of Last Sickness, 1 Mon

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 15

Undertaker, B. Mark

Place of Business, 52 West } L L Faelli *M. D.,*

Medical Attendant.

Address, 361 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 6813 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 14 1883 BALTIMORE

Date of Death, 13 July 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Tibbles

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 24 Hollands.

Cause of Death, { First (Primary), Enteritis March. Second (Immediate). }

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 17th 83

Undertaker G. Pearce

Place of Business, Bank & Wolfe Street *Address,* 57

C. H. Cathrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1

Permit No. 68153

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Kennerly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} ✓

Occupation, Retired Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore, 25. Years.

Place of Death, {Give street and number.} 113. Winder St.

Cause of Death, First, (Primary.) Cancer of the face

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 18. Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus, Balto. Co.

Date of Burial, July 15th 83

Undertaker, G. F. France

Place of Business, 27 W. Baltimore St. *Address,*

Geo. Buchanan *M.D.,* Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68154 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 15 1883 BALTIMORE

Date of Death, July 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William G. Grothaus

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 261 E. Ft. Ave. corner Broadway

Cause of Death, { First (Primary). ..... Second (Immediate). Cynanche Trachealis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Family Lot Green Mount Cemetery

Date of Burial, July 15th 1883

Undertaker Peter Frey

Place of Business, 91 Eastern Ave

Nicholas L. Duthill, Sr. M. D.
Medical Attendant.

Address, 207 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68155 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eugenia Warfield

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Female

Age, 10 *Years,* 11 *Months,* *Days,*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt Co

Duration of Residence in the City of Baltimore, 10 yrs. 7 mos

Place of Death, { Give street and Number. } Cor Back & Canal Ton Sts

Cause of Death, First (Primary), Verdict Injuries received — run over by Beer

Second (Immediate), Wagon -

Duration of Last Sickness, 2 or 3 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn St Cemetery

Date of Burial, July 13 1883

Undertaker William Lange

Place of Business, 1062 East Street

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68136 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~—~~ Years, Six Months, ~~—~~ Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 Hanover Lane

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial July 14 1883

Undertaker, Wilson N Benger

Place of Business No 62 East Street

J. Johnson M. D., Medical Attendant.

Address, 41 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68157 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. July 13th 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Nicklas

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age. ..... *Years,* Fifteen *Months,* Fifteen *Days.*

Color. ——

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 10 Walker St.

Cause of Death { First (Primary). Convulsions

Second (Immediate). Nine Days

Duration of Last Sickness. ✓

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cem.

Date of Burial. July 15th 1883

Undertaker Ph. J. Dill

Place of Business, 183 Columbia *Address,* 168 S. Paca St.

J. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68138 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Bruhn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} No 112 Ridgely st

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14th 1883

Undertaker John L. Mackey

Place of Business, John L Mackey

Chas. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6815 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dickson Clara C.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Watson St.

Cause of Death, First, (Primary,) Cholera Inf.

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, July 17.

Undertaker, Wm. H. Madden

Place of Business, 76 Corb St. *Address,* East Side

Geo. L. Kenemon M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK

17

Board of Health, City of Baltimore,

Permit No. 68160

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Rebecca Henry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 195 Shaw st

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 208 West St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 15th July 1883

Undertaker, H. Ross

Place of Business, Cor Conway & Eden Sts

Geo. W. Finan M.D.,
Medical Attendant.

Address, 144 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68161 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 4 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson's infant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* Twelve *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} J Clarkson's alley

Cause of Death, First, (Primary,) Diarrhea

Second, (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, July 14 1883

Undertaker, H Ross

Place of Business, 95 E Conway

Julius Hall M. D.,
Medical Attendant.

Address, Southern dispensary
17 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68162 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th '83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr B Randon

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 64 Carroll Ave

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Infantum

Duration of Last Sickness, 48 hours,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14 1883

Undertaker, Chas Thos Taylor

Place of Business, 227 Albemarle

John F. Lemmon M. D.,
Medical Attendant.

Address, 5 W. Colmet & Fred'k Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6863 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellsworth Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Clam Packer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 N. Pulaski St.

Cause of Death, First (Primary),

Second (Immediate) Typho-Malaria Fever

Duration of Last Sickness, Seven (7) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 15 1883

Undertaker [illegible]

Place of Business, [illegible] *Address,*

H. L. Klein *M. D.*
Medical Attendant.
384 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68164 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara King

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and Number. } 149 Canton Av.

Cause of Death, First, (Primary,) Inflammation Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 14 July 1883

Undertaker, Jacob Bauer

Place of Business, 224 Hallow Ave

Wm H. Morris M. D., Medical Attendant.

Address, 157 E Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68169 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sophia Burch

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 118 Hollins St

Cause of Death. First (Primary), Meningitis

Second (Immediate). .....

Duration of Last Sickness, 2 Months

The above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 15 1883

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST., BALTIMORE, MD.

James P Bosley M. D.
Medical Attendant.

Address, 319 Hollins av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68166 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Freeburger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 89. S Stricker St

Cause of Death, { First (Primary), Second (Immediate). } Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, July 15/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST.,

WM McMurray M. D.
Medical Attendant.

Address, 582 W. Baltimore

BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Board of Health, City of Baltimore,

Permit No. 68167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richard Hodgson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Six *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #83 N. Gilmor St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 14 1883.

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST., BALTIMORE, MD.

Wm McNicholson M.D.
Medical Attendant.

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68168 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1885 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Andrews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days,

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2n 128 Raborg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1885

Undertaker, Wm. N. Lamps

Place of Business, 40 E. Fayette St

C. Mayer M. D., Medical Attendant.

Address, 306 N. Gay cor Lib

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health City of Baltimore.

Permit No. 68169 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death. July 13. 1883

Full Name of Deceased. (Write legibly and spell correctly. If an Infant not named, give names of parents.) John Mezinger

Sex, Male or Female. (Cross out the word not required in this line.) male

Age. ~~Years.~~ 14 *Months.* ~~Days.~~

Color White

Married, Single, Widow or Widower. (Cross out the word not required in this line.)

Occupation

Birthplace. (State or country, and how long in the United States, if of foreign birth.) No 80 N. Paca St Balto.

Duration of Residence in the City of Baltimore. Since Birth

Place of Death. (Give street and Number.) No 80 N. Paca St.

Cause of Death. First (Primary). Cholera Infantum.

Second (Immediate). Exhaustion.

Duration of Last Sickness. Since July 8th. Sunday

All the above information should be furnished by the Physician.

Place of Burial. Mount Carmel Cemetery

Date of Burial. July 15th 1883

Undertaker Geo. Lehmann

Place of Business, 20 N. Eden St. *Address,* 20 N. Eden St.

John H. Cowan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ella Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days*

Color, white

~~*Married,*~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 156 E. Balto. St.

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, M. E. Church Methodist Prot.

Date of Burial, July 14th 1883

Undertaker, Henry Lehmann

Place of Business, 48 N. Eden St.

DR B. F. LEONARD,
314 E. BALTIMORE ST.

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68171 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly Charles

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 5 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 320 Cross St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 14 83 W. S. Boze M. D.

Medical Attendant.

Undertaker S. W. Perkins

Place of Business, 217 Hamburg *Address,* 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizth Butler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 mo. & 14 dys

Place of Death, {Give street and number} 21 Hanover St.

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Spasms

Duration of last Sickness, 10 dys

All the above Information should be furnished by the Physician.

Place of Burial, ~~Loudon Cemetery~~

Date of Burial, July 15

R. C. LEIM. D.
Medical Attendant.

Undertaker, Alex Kinsley

Place of Business, 116 Orchard

Address, Hanover Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68173 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. JUL 14 1883

CERTIFICATE OF DEATH

Date of Death. July 14th 1883.

Full Name of Deceased. (Write legibly and spell correctly. If an infant not named, give names of parents.) Catherine M. Williams

Sex. ~~Male or~~ *Female.* (Cross out the word not required in this line.)

Age. ..... *Years.* 10 *Months.* 11 *Days.*

Color White

Married. Single. ~~Widow or Widower~~ (Cross out the word not required in this line.)

Occupation .....

Birthplace. (State of country, and how long in the United States, if of foreign birth.) 56. N. Wolf ... Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death. (Give street and Number.) 75. N. Washington st

Cause of Death First (Primary).

Second (Immediate). Cholera Infantum

Duration of Last Sickness. 10 days

All the above information should be furnished by the Physician.

Place of Burial. Holy Jesus Cemetri

Date of Burial. July 15 1883 J. M. Gutt M. D.

Undertaker John Sherwin Medical Attendant.

Place of Business. 382 Orleans St *Address.* 137 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...ician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Frank

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } Lombard Near Balto City

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, July 15 Jno. E. Clague M. D.

Medical Attendant.

Undertaker, W. J. Eslan

Place of Business, 101 Gough *Address,* 36 Entaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68175 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Warfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ Eight *Months,* ~~Days~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 31 Slate St.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} No 31 Slate St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 14th 83

Undertaker S. H. Hyas

Place of Business, 1808 Pres

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1893 BALTIMORE

Date of Death, July the 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henerjette Herrison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 16 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 75 Chapsel St Corner

Cause of Death, First (Primary), ...

Second (Immediate). Cramp Colic

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, July 13

Undertaker E Buchan

Place of Business, ...

Geo. R. Simm M. D.

~~Medical Attendant~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 68177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Two *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 6 Clarke Court

Cause of Death, First, (Primary.) Pneumonitis et Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Life day

All the above information should be furnished by the Physician.

Place of Burial, E.P.

Date of Burial, July 13

Undertaker, G Rinehart

Place of Business,

Saml J Beck M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

Permit No. 68175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Kolke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* 26 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, nean

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 108 Columbia Avenue

Cause of Death, First (Primary,) Womens disease

Second (Immediate,) Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Sand Martin Cemetery J. Adolph Boehm, M. D.

Medical Attendant.

Date of Burial, July 15

Undertaker, C Rohde

Place of Business, 48 Penna Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6877 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Klingelhaffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 16 *Months,* 27 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 454 Caroline Ave

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 15 th 83.

Undertaker, Fred Gaede

Place of Business, 298 Caroline

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68180 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Adam

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 4 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation xxx

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1905 Canal St

Cause of Death, First (Primary), Peritonitis

Second (Immediate).

Duration of Last Sickness, About 2 Weeks - Sick since the 2d.

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 16. /83

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

James E. Donnell M. D.
Medical Attendant.

Address, 999 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68181 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Farell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 6 *Years,* 7 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and Number.} 96 E. Caroline st

Cause of Death, First (Primary), Diptheritic Croup

Second (Immediate) .....

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Lawrence

Date of Burial, July 14th

Undertaker H. D. Siffel

Place of Business, ...

P. J. Sauer M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68182 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddie Thomas

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, Three *Years,* Six *Months.* *Days.*

Color, Brown

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Three years & six months

Place of Death. {Give street and Number.} No. 13 E. Pratt St.

Cause of Death. First (Primary). Scrofula

Second (Immediate). Prostration

Duration of Last Sickness, two weeks –

All the above Info matter should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 16th 1883 F. B. Gardner M. D.

Medical Attendant.

Undertaker. Alex Hemsley

Place of Business. 116 Orchard *Address,* 702 E. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68183 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Eder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Schaffhausen Switzerland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 19 & Aisquith

Cause of death, First, (Primary,) Cholera Infan

Second, (Immediate,) Anginae

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Upton's Point

Date of Burial, July 16

Undertaker, B. Wood

Place of Business, 52 West St.

E. McKay M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68184 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Knigre

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 Years, 6 Months, — Days,

Color, white

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and Number.} 41 Goodmans ally

Cause of Death, First (Primary),

Second (Immediate), Cholera Morbus

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, July 16 1883

Undertaker B. Hartle

Place of Business, 82 West St

Geo. W. Benson M. D.
Medical Attendant

Address, Bd of Health

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ... Certificate.

Board of Health, City of Baltimore,

Permit No. 68185 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1883 at 10.20 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ... *Months,* ... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} E. Shore of Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 175 Laborg St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Paralysis

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 15th 1883

Undertaker, W H Chase

Place of Business, 198 Forward St

Wm Jackson Evans M. D., Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68186 *Office of Registrar of Vital Statistics.* Ward 3'

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Doman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty one *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Aberdeen Md.

Duration of Residence in the City of Baltimore, Fifty four years

Place of Death, {Give street and number.} 1 South Bethel st

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 16 1883

Undertaker, C W Chase

Place of Business, 198 Forward st

Walter Gaw M. D.,
Medical Attendant.

Address, 17 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68187 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar ~~Ard~~ Bird

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days,

Color, Negro, *Illegitimate*

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 90 Cider Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 15 1883

Undertaker, C. McClane

Place of Business, 198 Howard St

H. McSimmons, M. D.
Medical Attendant.

Address, 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68188 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Rowe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* 7 *Days,*

Color, Col'd

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, a few days

Place of Death, {Give street and Number.} Womans Hospital (McCulloh & Saratoga)

Cause of Death, First (Primary),

Second (Immediate), Laparatomy (Laparotomy)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnmer Cemetery

Date of Burial, July 15 1883

Undertaker W. S. Wm Chase

Place of Business, 198 E Howard

Wm. H. Simm M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68189 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Henry Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days,*

Color, Col.

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 246 N. Dunbar St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 years.

the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, July 15 1883

Undertaker Wilson & Lemmey

Place of Business, No 62 East St

A. A. Gross M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68190 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza B. Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, C

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Parish' alley South of Pratt near

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Pratt near South of Pratt

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, July 15 1883

G. W. Toms M. D.,
Medical Attendant.

Undertaker, W. Chas. Adams

Place of Business, No 62 East A Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68191 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kammer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} No 51 Walker st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 16th 83

Undertaker Geo Sellman

Place of Business, 121 Penna Ave

C. A. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68192

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Nash

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ruct City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 Argyle Avenue

Cause of Death, First, (Primary.) Laryngeal Phthisis Pulmonary.

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 16 July 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

Mahlon Brewer M.D.,
Medical Attendant.

Address, 68 N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68193 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Sharp

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 30 Ohio ave

Cause of Death,
First (Primary). Inal Nutrition
Second (Immediate). Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Balt County

Date of Burial, July 15th 1883

Geo. H. Dixon M. D.
Medical Attendant

{*Undertaker* F. Kerchner
Place of Business, ——— *Address* Bon. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68194 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane K McGuire

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Formerly Ag't

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 43 Paca St

Cause of Death, First (Primary). Gunshot pistol

Second (Immediate). Pyemia - Inflammation of - several months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 16 1883

Undertaker Wm. H. Young Jr.

Place of Business, 227 W. Lexington St *Address,*

W. F. Union M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 68195 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1883 REGISTRAR BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Sylvester Wood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 57 Eliot St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), of Diag

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, July 15. 1883

E. J. Williams M. D.
Medical Attendant.

Undertaker H. C. Sanders & Son

Place of Business, 232 Canton ave *Address,* 53 Eliot St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6896 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Wonn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 Years, Months, Days,

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Saylor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and Number.} 458 N Calhoun

Cause of Death, First, (Primary,) Heat depression

Second, (Immediate,) Rickets Disentery

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 16 1883

Undertaker, J W Jackson

Place of Business, 20 N Gay St Baltimore

G. W. Ames M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68197 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Haeberer

~~*Sex,*~~ *Male* ~~*or Female*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 30 Market

Cause of Death, First (Primary). Chronic Intemperance

Second (Immediate). Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Dallo. Com

Date of Burial, July 16. 1883

Undertaker H. Sander Jr

Place of Business, 352 Caroline *Address,* 24 E. Monument

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68198 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 — 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Armintraut

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give street and Number. } 127 S High

Cause of Death, First (Primary), Valvular Dis. Heart

Second (Immediate), Pulmonary congestion

Duration of Last Sickness, 4 Weeks (?)

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, July 16 1883

Undertaker C. Shultz Jun

Place of Business, 552 Eastern Av

A. J. Shutzer M. D.
Medical Attendant.

Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Notice to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68199 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 oclock A M Sunday July 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John William Pierson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 47 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 53 Lugern St

Cause of Death, First, (Primary,) Uraemia

Second, (Immediate,) Uraemia

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, July 16. 1883

Undertaker A. Sander Jr

Place of Business 252 Eastern Ave

J E Prichard M. D.,
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68200 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Pryor

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto., Md.,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 506 Aisquith St

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16 July 2 Oclock P M

Undertaker E. H. Carman

Place of Business, 38 Eutaw St. *Address,* 257 E Pratt St

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore..

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68201 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Sisson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and Number.} 24 Whatcoat st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Phthisis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial. July 17 1883

Undertaker, S Hemsley

Place of Business,

Samuel J. Fort M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68202 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Reynolds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 Months *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 47 Canal alley

Cause of Death, First, (Primary,) cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 10 days

At the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 16 83

Undertaker, Hemsley

Place of Business,

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68203 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Dilara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 130 N. Caroline St

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 4 months

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 16th 1883

Undertaker C. L. Butler

Place of Business, 132 N. Caroline St *Address,* 137 Eutaw St

E. F. Guest M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68204 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Wendel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 25 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 312 Crop St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 16th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 170 S. Sharp St

Wm Goodlett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68205 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th July 15th — 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Edna.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} :

Age, — *Years,* 6 *Months,* — *Days,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Tubercular Meningitis —

Second, (Immediate,) Convulsion —

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 16/83.

Undertaker, McVeagh

Place of Business, Sisson & Trimble

R. H. Goldsmith M. D.
Medical Attendant.

Address, Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68206 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bassilia Bratt

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 11 *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 512 Penna. Ave.

Cause of Death, First, (Primary,) Malnutrition -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 16

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* 53 [illegible] Penna Ave

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9/10

Permit No. 68209

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 15th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Lemon Winston

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male.

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 34 Marion St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 - 1883.

Undertaker, Wm. W. Madden

Place of Business, #46 E. Ost St

D. Smith M.D.,
Medical Attendant.

Address, S. W. Cor. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 68208 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Eliz th. Carman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~ Years, ~~ Months. 11½ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation ~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 11½ Days

Place of Death, {Give street and Number.} * 416 E. Chase St.

Cause of Death, First (Primary). Inanition

Second (Immediate).

Duration of Last Sickness, 11½ Days

All the above info mationshould be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 16/83

Undertaker Guy & Son

Place of Business, 21 W Broadway

Geo. A. Mastman M. D.
Medical Attendant.

Address, * 305 St Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68209

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

Date of Death, 15th July 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj Cattell Pentman

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 71 *Years,* 1 *Months,* 9 *Days,*

Color,

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Attorney at law

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 171 N Charles St Baltimore

Cause of Death, First (Primary). Chronic disease of kidneys & liver

Second (Immediate). Uraemic poisoning

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 16

Undertaker H W Jenkins

Place of Business, Park & Saratoga

F. F. Miles M. D.

Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68210 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Eisle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 15 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 200 Peach Alley

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Ft Olivers

Date of Burial, 16 July

Undertaker, B. Ward

Place of Business, 82 West St

L. Bach M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6821 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reiff

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 166 William St.

Cause of Death, First (Primary), Marasmus,

Second (Immediate), "

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 14

Undertaker B Mehale

Place of Business, 12 Hurst St

S. S. Beer M. D.

Medical Attendant

Coroner's Dist

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6821 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Seifert.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 5 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 62 Russell St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, one week.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 16/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

L. W. L. Gall M. D.,
Medical Attendant.

Address, 78 Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Permit No. 68213

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Jr Youngman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 Townsend Street.

Cause of Death, First, (Primary.) Malignant Diptheria.

Second, (Immediate.) Blood Poison

Duration of Last Sickness, about a week - of attendance 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, July 16

Marbury Brown M.D.,
Medical Attendant.

Undertaker, Martin Fahey

Place of Business, 128 Townsend St *Address,* 68 N Culloh Street.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 8214

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE

Date of Death, Sunday July 15th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Jozzert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 41 ~~Eutaw~~ Eden St

Cause of Death, First, (Primary.) Incarcerated Inguinal Hernia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 16 83

Undertaker, Henry Gilmore,

Place of Business, 5 N. Central Ave. *Address,* 57 N Eutaw St

Chas Welch *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Permit No. 6826

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 15th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kathrine Boyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 15 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 41 Sarratoga St

Cause of Death, First, (Primary.) Scarletina

Second, (Immediate.) Uraemic Poisoning

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 16/83

Undertaker, Henry Wm Linnis

Place of Business, No 5 N Central

Elisha Blah *M.D.,*

Medical Attendant.

Address, 57 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6626 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Mation

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 97 S Dallas St

Cause of Death, First (Primary), Cholera Inf.

Second (Immediate), ...

Duration of Last Sickness, aft 2 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, July 16 1883

Undertaker J. J. Lee

Place of Business, #75 Jefferson St

Geo. L. Kinnemen M. D.
Medical Attendant.

Address, East Dist

Returned

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68217 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Cross

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Off Pier 2, Locust Point

Cause of Death, First (Primary), Accidental drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cem

Date of Burial, July 16 1883 C. J. Bell M. D.

Undertaker F. S. Lucas *~~Medical Attendant~~* Coroner's Physician

Place of Business, 723 Aisquith *Address,* 161 Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6821 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

Date of Death, July 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Tully

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queens

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 62 Vincent St

Cause of Death, First (Primary),

Second (Immediate). Hemmorhage Lungs 2 or 3 minutes

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 17th.

Undertaker Chas T Sevier

Place of Business, 271 N Eutaw St

Alexander Tinsley M D.

~~Resident Physician.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6821 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parent.} Frederick Kamm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Harford ave, near Bonnalow ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 16. 1883

Undertaker, Wm H Hohman

Place of Business, 234 N Gay St.

Chas. A. E. Lovell, M. D.
Medical Attendant.

Address 531 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Physician, as required to the Returns below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6522 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester D. Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~All his life~~ Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 73 George St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 16. 1883

Undertaker, Wm. H. Hickman

Place of Business, 734 W. Gay St.

Thomas Sheaper M. D., Medical Attendant.

Address, 76 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6822 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schaff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Wiegand's Court

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 17 1883

Undertaker, Henry Hoeck

Place of Business, 324 N Central Address,

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68222 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna May Heinbuch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 5 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and Number. } 367 Franklin St

Cause of Death, { First, (Primary.) Inanition

{ Second, (Immediate,) "

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 16th July.

Undertaker, John F Kelly

Place of Business, 308 Franklin St, *Address,* 431 Penna Ave

J. H. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 65223 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Morrell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years.* *Months.* *Days,*

Color, Colored

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 14 Bolton alley

Cause of Death, First (Primary),

Second (Immediate). Died in confinement from Con

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 16 1883

Undertaker William Metzger

Place of Business No 62 East St *Address,* 262 Sharp st

L. M. Kaul *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6224 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant K of Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 24 Forest Place

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 16th 4.30 P.M.

Undertaker, E. J. Carman

Place of Business, 38 Eutaw St

Silas M. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68225 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm McChalm

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Coal Lab

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 1. Washington Road

Cause of Death { First (Primary), Cerebritis

Second (Immediate). ——

Duration of Last Sickness, About a Month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 17/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, &c. 707 W. BALTIMORE ST., BALTIMORE, MD.

Jno D. Blake M. D.
Medical Attendant

Address, 168 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th July 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Shell Street.

~~Sex, Male or~~ Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number} No 2 Edmonson Avenue

Cause of Death, {First, (Primary,) Ulceration of Stomach & Bowels

Second, (Immediate,) .....

Duration of last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, July 17 83

Undertaker, J B Cook

Place of Business, 707 W. Balto St

N. H. Littell M. D.
Medical Attendant.

Address, Fayette & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68227 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th '83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie S. Rue

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty *Years,* Six *Months,* Five *Days,*

Color,

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and Number.} #99 E. Madison st

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorhage of Bowels

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dochester Co Md

Date of Burial, July 16 83

Undertaker, Anthony & Dye

Place of Business, 263 Lafayette Ave

J. Tyler Smith M. D., Medical Attendant.

Address, 221 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8226 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JUL 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas. Cooney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cor. McKim & Wilson

Cause of Death, First (Primary), Inanition

Second (Immediate) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 16. 1883

Undertaker Mc. A. Dayn

Place of Business, 74 S. Bway.,

Jno. Burke Bunch M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6822 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Chaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1249 S. Dallas St.

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16 1883 John A Rehberger M. D.

Medical Attendant.

Undertaker Jas R Byrne

Place of Business, 637 Fremont Ave *Address,* 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68230 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jenkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* 10 *Months,* *Days.*

Color, cd

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Cecilton

Duration of Residence in the City of Baltimore, Ten years & 8 months

Place of Death, {Give street and Number.} 66 & Josephine St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Do paralysis

Duration of Last Sickness, about five days ill

All the above information should be furnished by the Physician.

Place of Burial, Cecilton Md

Date of Burial, July 18. 1883.

Undertaker, W. W. Blake

Place of Business, South Balt. 195 Howard

Hammond Surgeon M. D., Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

Respectful attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 6823 / *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Camphor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, / Months, 14 Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 3 Black alley

Cause of Death, First (Primary), Spinal Irritation

Second (Immediate), Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial July 16 1883

Undertaker B W Chase

Place of Business 198 Shroud

J. A. Ogle M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 68232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne E. M. Keyes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Division Street 10 1/2

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,) Convulsion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 16

Undertaker, C H Blizzard *Address* 198 Pine

Place of Business,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Balti[any],

Permit No. 68263 *Office of Registrar of Vital Statistics.* rd 4

The Physician who attended any person in a last illness, is responsible for the presentation of t[he] ertificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 51 Chestnut

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial Lutheran

Date of Burial, June 15 1883

Undertaker, Wilson & Dinges

Place of Business, 62 East St

E. A. Baldwin M. D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68287 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi S. Skillman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 47 N. Broadway

Cause of Death, First, (Primary,) Epilepsy

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 18th 1883

Undertaker, Joseph F. Byrne

Place of Business, 57 N. Liberty *Address,* 227 Eastern Ave

Jno. T. Powell, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

10

Board of Health, City of Baltimore,

Permit No. 68266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Curtis Langley

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 10 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all

Place of Death, { Give street and number. } 102 Mulberry

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis
Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 17th 1883

Undertaker, Joseph F. Byrne

Place of Business, 5 N Eutaw

J. H. Chaucer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Called to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68236 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sudbrook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Errand Boy for Express Messenger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 419 from the Jacob Tyson

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate). "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th

Undertaker C. F. Kraus

Place of Business,

Dr. Bell M. D.

Medical Attendant.

Coroners Dist

Address, 161 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of Physicians t... ...marks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68237 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 4 *Months,* 15 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 270 S. Howard St.

Cause of Death, First (Primary), Pulmonary = consumption

Second (Immediate). Emaciation = Exhaustion

Duration of Last Sickness, 9 months et 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17

Undertaker H Ross

Place of Business, 95 Lombard St

L. F. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician... ...ow, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 68238 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nash

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 122 Conway St

Cause of Death, First (Primary). Convulsions

Second (Immediate). 2 days

Duration of Last Sickness, ———

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 17

Undertaker H Ross

Place of Business 195 Conway St

~~Dr. J. Bell~~ M. D.

Medical Attendant.

Address, 161 N Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians Is [illegible] to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8239 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Turner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years 11 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 244 Bank St

Cause of Death, { First (Primary), Cerebral Inflammation

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Cosmo

Date of Burial, July 16th 83

Undertaker G. J. Frances

Place of Business, Bank & Wolfe Address, 24 Exchange Place

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 68240

The Special Attention of Phys... to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68240 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} N° 2 Baltimore St.

Cause of Death. First (Primary).

Second (Immediate). Scarlatina Infantum

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Shafer & Beaty

Date of Burial, July 16

Undertaker A. Hamrick

Place of Business, 172 Pratt *Address,* 365 Park Ave

Wm P Thum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 18

Permit No. 68241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th July at 9 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Willdow

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} No 16 Sarah Ann St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 1883

C. C. Richardson M. D.
Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Conways St *Address,* Broad & Fellows Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68342 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ July 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Gardner

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 3 *Years,* ~~5~~ *Months,* ~~11~~ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death. { Give street and Number. } 12 E Pratt St

Cause of Death. { First (Primary), Cholera Infantum

Second (Immediate), 3

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 16 July

Undertaker Michael Tracy

Place of Business, 35 Banks

Medical Attendant. Robt. Hoopf M. D.

Address, Corner Eutaw & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6824/3 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July the 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Thomson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Live time

Place of Death, {Give street and Number.} 215 N Durham St

Cause of Death. First (Primary), Spasm and Convolsion

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, July the 16th

Undertaker Mr Loock

Place of Business,

Geo. R. Dinson M. D.

Medical Attendant.

Address Cor of Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6424 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 16/83.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mc Phiken

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months.* *Days,*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 Penn St.

Cause of Death. First (Primary), Typhoid Malarial Fever

Second (Immediate), Dysentery

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17

Undertaker G Rohde

Place of Business, 48 Pennsylvania Ave

Louis C. Hunn M. D.
per E.H.K. Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68245 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Yancey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Jail

Cause of Death, First, (Primary,) Hepatic Congestion

Second, (Immediate,) Haemopthyes

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Richmond, Va.

Date of Burial, July 18th 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St.

D. S. Hoffman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6826

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. ~~Wm~~ Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} N. E. Cor. Fairmount and Collington Ave's

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

Duration of Last Sickness, three Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 18

Undertaker, Wm Statham Jr

Place of Business, 26 E. Lombard St

E. P. Lewis M. D.,
Medical Attendant.

Address, 373 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of [illegible]

11

Board of Health, City of Baltimore,

Permit No. 6824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen M Maynard

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 169 Park ave

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 18th 83

Undertaker, Heuisler Stan & Son

Place of Business, Park & Saratoga

Alfred Braddock M.D.,
Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cochrane Browne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 307 Madison Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) "

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem

Date of Burial, 17th July 1883

Undertaker, Wm J Enderdon's Sons

Place of Business, Park & Saratoga Sts

R B Browne M. D.,
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68249 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Krause

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 147 Penn Ave

Cause of Death, First (Primary), Scrofula

Second (Immediate), Meningitis (tubercular)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 17

Theodore Cook M. D.
Medical Attendant.

Undertaker Walter Immel

Place of Business, 315 W. Biddle *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68257 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mark Kemper

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and Number. } 16 Fulton St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 17

Undertaker, Weller Immel

Place of Business, 315 W. Baltimore Address, 320 Barre[illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to this Blank, and to List of Diseases on back of it.

Board of Health, City of Baltimore,

Permit No. 6625 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Allen

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, —— *Years,* 7 *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 7 mo.

Place of Death, { Give street and Number. } 104 Pearby St.

Cause of Death, First, (Primary.) Chol. Infan.

Second, (Immediate.) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 17

Undertaker, H. Siegel

Place of Business,

W. H. Morris, M. D.,
Medical Attendant.

Address, 154 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68252 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L Stumpf,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 272 Orleans St.

Cause of Death, First (Primary), Measles,

Second (Immediate), Meningitis,

Duration of Last Sickness, two weeks,

the above information should be furnished by the Physician.

Place of Burial, Alphonsus

Date of Burial, 17 July

Undertaker H Lippel

Place of Business, 1518 Bond St

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6853 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years.* 1 1 *Months.* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 11

Place of Death, {Give street and Number.} 263 Mertz St

Cause of Death, First (Primary), Cholera Infantum,

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 18

Undertaker Henry Brick

Place of Business, Monument & Fleet

Wm P Ellis M. D.
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within ...y-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...an be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...ath, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68254 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred^k Vogt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* 14 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 11 Ramsay St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Tuberculo Meningitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 19

Undertaker, Schebun Knell

Place of Business, 206 Columbia St.

J. G. Guthrie M. D.,
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 68206 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 16 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine J. Lantrone

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 *Years,* 10 *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation ???

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life 10 mos

Place of Death, { Give street and Number. } 53 Carroll

Cause of Death, First (Primary), Diptheria

Second (Immediate), Paralysis

Duration of Last Sickness, 6 Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th

Undertaker Geo Schilling

Place of Business,

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Diseases on back of

20

Board of Health, City of Baltimore,

Permit No. 68266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Alberia Guignard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. E. Corner Pattinson Ave & Calhoun St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor Pattinson Ave & Calhoun St

Cause of Death, First (Primary,) Gastric & Intestinal Irritation

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 17

Undertaker, C. W. Blizzard

Place of Business, 198 Pen Cem

D. J. Sharon M. D.
Medical Attendant.

Address 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Accompanying Circular, and to Rule 9 of Section 2.

Board of Health, City of Baltimore,

Permit No. 68257 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie May

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2½ Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery & Child's Hospital Md. Institution

Cause of Death, First, (Primary,) —

Second, (Immediate,) Abscess

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 17

Undertaker, C. W. Blizzard

Place of Business, 198 Penn *Address,*

C. F. Bryan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 67258 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cleary

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 5 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housemaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and Number.} 159 N. Frederick St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), & Nr

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 17/83

Undertaker JOSEPH B. COOK,

Place of Business Undertaker, 52 & 707 W. BALTIMORE ST.,

Edward F. Duffield M. D.
Medical Attendant.

Address, 54 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 19 68259

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis X. Hayden

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 2 1 *Months,* ..... ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 78 N. Stricked

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum.

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 17' 883

Undertaker, JOSEPH B. COOK, Undertaker, &c

Place of Business, 707 W. BALTIMORE ST., BALTIMORE, MD.

Jno. G. Jay, M.D., Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 68260 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Myer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} N. W. Cor Greene & Barre.

Cause of Death, First (Primary), Artificial Feeding

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, H. A. Cemetery

Date of Burial, July 19

Undertaker B. Hartle.

Place of Business, West St 22

R. H. P. Ellis M. D.
Medical Attendant.

Address, 913 Lost

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 68261 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Maud Gluntz

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months.* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 191 Montgomery St

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 18

Undertaker B. Hurle

Place of Business, 52 West St

F. O. Stolle M. D.
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68262 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Meredith

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, Seventy one *Years,* 1 time *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Journal Appraiser

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 156 W. Townsend St.

Cause of Death, First (Primary), Organic disease of heart

Second (Immediate), Angina Pectoris

Duration of Last Sickness, Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, July 17th 1883

Undertaker STEWART & MOWEN UNDERTAKERS

Place of Business, [illegible]

Liias Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68763

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

Date of Death, July 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... Years, Six weeks? Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown Townsend.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} Home of the Friendless.

Cause of Death, First, (Primary,) ~~Cerebral Atrophy~~ Drainhow

Second, (Immediate,) ~~Drainhow~~ Cerebral Atrophy

Duration of Last Sickness, ~~——~~ Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 17th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 223 Madison Ave

J. E. Atkinson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases On...

Board of Health, City of Baltimore,

Permit No. 68264 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie L. Marriott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 36 *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 143 N Eutaw St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " " with Gastric Comp

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial W. P. C. Ginet

Date of Burial, July 17th 1883

Undertaker, Wm. Diggs

Place of Business, 1202 N. Eutaw *Address,* 307 Madison av

B B Browne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 6826 5 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Keil

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 377 - Pen Ave

Cause of Death. First (Primary), Scarlet fever

Second (Immediate),

Duration of Last Sickness, 5 - days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 17 1883

Undertaker A Bruinberger

Place of Business, 20 Paul Street *Address,*

H. J. Houck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6/266 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Edna Florence Gorman

Sex, ~~*Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, —— *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) S

Occupation, S

Birthplace, (State or country, and how long in the United States, if of foreign birth.) City

Duration of Residence in the City of Baltimore, life time

Place of Death, (Give street and Number.) 407 E. Baltimore St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, July 18. 1883

Undertaker, M. A. Daiger

Place of Business. 74 S. Broadway

C. T. Bruns M. D.,
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68267 *Office of Registrar of Vital Statistics.* Ward 1 / 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* 4 *Days,* —

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 257 Lebrg St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 17 1883

Undertaker, E. Wehage

Place of Business 198 Howard

E. H. Lachm M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 68268 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1883 Riscelle

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs P. Tyler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, ed

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wash

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hampden Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 27 Druid Hill ave

Cause of Death, First, (Primary,) Cystitis & Typhoid Fever

Second, (Immediate,) " " "

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, July 17th 1883

Undertaker, E W Chase

Place of Business, 198 S Howard

BB Browne M. D.,
Medical Attendant.

Address, 307 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy- ians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68269 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

Date of Death, 16th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Rhoades

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 27 Days,

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 36 Peach alley

Cause of Death, First (Primary), Asthenic – bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, All week

All the above information should be furnished by the Physician.

Place of Burial, Church

Date of Burial, July 17 1883

Undertaker C W Chase

Place of Business 198 Howard St

J. D. Iglehart M. D.

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 6827

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

Date of Death, July 16, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Williams.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* —— *Months,* 12 *Days,*

Color, Negro.

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation Washwoman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, About 21 years

Place of Death, {Give street and Number.} 52½ Raborg St.

Cause of Death, First (Primary), Asphyxia, Paralysis.

Second (Immediate). Internal injuries

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician.

Place of Burial, Druid St Cem—

Date of Burial, July 18 - 1883

Undertaker Wm. W. Madden

Place of Business, 46 East St

Geo. E. Shannon M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6821 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE

Date of Death, July 16. 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jemima Bowen

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days,*

Color, ☞

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 30 years. —

Place of Death. {Give street and Number.} Richetts court, rear of 211 Hanover st. —

Cause of Death. First (Primary), General decay & dyspepsia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 17

Undertaker A Ross

Place of Business 95 Bonnat st

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 11 Printed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68272 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank I Amen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 5 Philpot Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. July 17 1883

Undertaker, Charles A White

Place of Business, 95 Pratt St. *Address,*

W H Diffenderffer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68273 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16/83 5 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ?

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 3 mos (?)

Place of Death, {Give street and Number.} St Josephs Hosp

Cause of Death, First, (Primary,) Perhaps Syphilis

Second, (Immediate,) Stenosis of Larynx from Summa

Duration of Last Sickness, 3 mos (?)

All the above information should be furnished by the Physician.

Place of Burial, EP

Date of Burial, July 18

Undertaker, C Burchart

Place of Business,

H. Lyman M. D.,
Surg U.S.N. U.S.
Medical Attendant.
Address, Yor Phila

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68272 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. D Sterling

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 4 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } 20 Whatcoat St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 20 Whatcoat

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 18th

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw

G W Ames M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68276 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 17th 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Shuly

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna U.S.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 162 Preston

Cause of Death, First (Primary). Carcinoma of Liver

Second (Immediate). Exhaustion

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Littlestown Pa

Date of Burial, July 18th

Undertaker Chas J Screm

Place of Business, 271 Eutaw St

J. F. Miller M. D.
Medical Attendant.

Address, 188 Baselline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6826 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th A 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel ~~Baby~~ Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, Years, / Months, 14 Days,

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Gay & Washington sts

Cause of Death, First, (Primary.) —

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 17th

Undertaker, H. C. Wildfeld

Place of Business, 90 Greenmount Ave

Silas M. Hunter M. D.,
Medical Attendant.

Address, 36 Gocinmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6827 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July the 16th

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elisabeth Corey

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Ohio av near West st

Cause of Death, First (Primary), Cotara Impentum

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Phairfield Country

Date of Burial, July the 18

Undertaker Mr Davis

Place of Business, Lee St

Geo. N. Dorsey M. D.
Medical Attendant

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Permit No. 6827

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 15 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md Domestic

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 298 Caton St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Don't Know

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount St Peters

Date of Burial, July 16 1883

Undertaker, Wm King Jr

Place of Business, 43 Chatsworth

Medical Attendant. *M.D.,*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68279 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 6 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 61 N Dallas

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, St. Peters Ch

Date of Burial, July 18 1883

Undertaker Helen Hook

Place of Business, 304 N Paca

James E Donnelly M.D
Medical Attendant.

Address 199 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6828 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Gent

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, ... *Years,* 2 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 78 Mulberry St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 19. 1883.

Undertaker J. D. Young

Place of Business, 125 Pearl St

Applegate M. D.
Medical Attendant.

Address, Saratoga & Third Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6828 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Walters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Patapsco River

Cause of Death, First (Primary). Accidentally Drowned

Second (Immediate). Supposed Sudden Death

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 16. 1883

Undertaker H. Shuler Jon

Place of Business 202 Eastern Ave *Address,* 67 Eutaw St

Chas. Nordt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

Permit No. 68282 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIEICATE OF DEATH.

JUL 17 1883 BALTIMORE

Date of Death, 17th. July 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredy Dippel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} Bradford Alley 51.

Cause of Death, First, (Primary,) Roseola

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, July. 17, 83

Undertaker, H. Stanley Jon

Place of Business, 252 Eastern Av

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert & 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6828 3 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Brennan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 38. Stockton Ave

Cause of Death, { First, (Primary,) Second, (Immediate,) Disease of the Head

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, July 18 1883

Undertaker, Matthew Gallagher

Place of Business 227 Mulberry St

W. McNair M. D.,
Medical Attendant.

Address, 382 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Dunphy

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Marketman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 62 N. Green st

Cause of Death, First (Primary,) ...

Second (Immediate,) Intussusception of the Bowels.

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral ~~Cemetery~~

Date of Burial, July, 18, 1883

Undertaker, H. Ulrich Bodegom

Place of Business, 227 Mulberry st

Frank M. Gemmer M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18588 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 18 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverda Hardesty

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Galesville A. A. County Md

Duration of Residence in the City of Baltimore, About 14 months

Place of Death, {Give street and Number.} 106 Baker St

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Galesville A. A. Co Md

Date of Burial, Jul 18 1883

Undertaker J. J. Blum

Place of Business, 258 Pa Ave

Geo. K. Dixon M. D.
Medical Attendant.

Address, 1 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

306 Treasure

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6826 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 18 1883 BALTIMORE.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles, b. Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29, E. Sterling st-

Cause of Death First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet -

Date of Burial, July 18/83

Undertaker Fry & Pue

Place of Business, 57 W Broadway

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6827 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1883 HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fitzgerald

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, [illegible] *Years,* [illegible] *Months,* One hour *Days.*

Color, [illegible]

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } [illegible]

Cause of Death. First (Primary), [illegible]

Second (Immediate). [illegible]

Duration of Last Sickness, [illegible]

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 18

Undertaker [illegible]

Place of Business, [illegible]

[illegible] *M. D.*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6828 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie M. Jusco

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 316 So Chas St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 19

Undertaker B J Keck

Place of Business, 82 West St *Address,* 101 So Sharp St

Chas. J. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 6829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosey Eccleston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number.} 320 Hartford ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18 July 3 Oclock

A. G. Watson M. D.
Medical Attendant.

{*Undertaker,* C A Carman
{*Place of Business,* 38 Carson Street *Address* 457 N. Central ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8220 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF ~~DEATH~~

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Pfeiffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Four *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five Days

Place of Death, {Give street and Number.} 69 Block

Cause of Death, First (Primary), Brain Disease Decubitus

Second (Immediate), Anemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, July 18th 1883

Undertaker Leonhard Feurz

Place of Business, 277 S. Bond St. *Address,*

J. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6291 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin Grau

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation ....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } No. 8 So. Chapel St

Cause of Death, { First (Primary), Diphtheria / Second (Immediate), Exhaustion

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 18th 83

Undertaker J. G. Frank

Place of Business, 5 Bank & Wolf Address,

.... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore

Place of Death. {Give street and Number.} 8 S Shakespeare St

Cause of Death. First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St James Cem.

Date of Burial, July 18 88 R W Mansfield M. D.

Medical Attendant.

Undertaker G. J. Frame

Place of Business, Bank & Wolfe *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6 8 2 6 3 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Shade

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No. 426 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, July 18 83

Undertaker G. Frame

Place of Business, Davis & Wolfe *Address,*

J. Blake Bott *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10824

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

Permit No. 6294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 142 Gorsh st.

Cause of Death {First, (Primary,) Congestion of Lungs

{Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18

Undertaker, H. Ross

Place of Business, 15 Lombard St

R. C. LEEM. D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68290 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Eva Margaret Kahl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 468 Penna Ave.

Cause of Death, First, (Primary.) Strangulation of the Bowels

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18

Undertaker, Walter Immel

Place of Business, 315 W. Baltimore Address, 720 Penna Ave

J. Richards M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6296 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Arnold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} 270 Fort ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial. Cedar Hill Cemetery

Date of Burial. July 18

Undertaker. W. Hart

Place of Business, 4½ Holliday

Dr. A. Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6629 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Abbott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and Number.} 31 Butter alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18

Undertaker B. Hurle

Place of Business, 52 West St

W. S. Booze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 68298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 "83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Owings

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md. 11 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 14 E. Balto. St.

Cause of Death, First (Primary,) Blood-poisoning

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 19 1883

Undertaker, Jas P Byrne

Place of Business, 63 N Front St

Alexander Hill, M. D.
Medical Attendant.

Address # 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Hallwatt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Something Years, above Months, 50 years Days,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, None—

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 204 Druid Hill Ave.

Cause of Death, First, (Primary,) Bright Disease

Second, (Immediate,) Dropsy—

Duration of Last Sickness, One year—

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, July 21/83

Edwin A. Brown M. D.,
Medical Attendant.

Undertaker, STEWART & BOWEN

Place of Business, 30 Park Ave. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 68880

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1883

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an Infant not named, give names of parents. } non Mary Theresa Thro

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 6. Days.

Color, Colard

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, non

Birthplace, { State or Country and how long in the United States, if of foreign birth. } No 20 Bath st

Duration of Residence in the City of Baltimore, all time

Place of Death, { Give street and number. } No 20 Bath st

Cause of Death, First, (Primary.) Fits

Second, (Immediate.) Spasmii

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 1883

Undertaker, Lurid & Lange

Place of Business, 148 Exchange St

J Thorne M.D.,

Medical Attendant.

Address, No 36 Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6801 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Regina Burbaum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 11 *Months.* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 17 S. Schroeder

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, July 18/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, &c. 707 W. BALTIMORE ST. BALTIMORE. MD.

B. L. Green M. D.
Medical Attendant.

Address, 387 W. Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notice Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6830 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 18 1883 BALTIMORE

Date of Death, July 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie C. Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days,

Color, Wr.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 21 S. Schroeder St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 20/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

Address, 306 N Fayette St Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68306 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Louisa B Talbott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 467 Mulberry St

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, Never ill before

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 18 83

Undertaker JOSEPH B. COOK, Undertaker, &c.

Place of Business, 107 W. BALTIMORE ST., BALTIMORE, MD.

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Young

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester County Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 2 N Carey st

Cause of Death, First, (Primary.) Billious attack

Second, (Immediate,) Probably Apoplexy

Duration of last Sickness, about 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 19th 1883

Undertaker, Denny & Ritchie

Place of Business, 55 & 57 W Fayette st

E. W. Young M. D.
Medical Attendant.

Address, 192 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PLANT & CO. CITY PRINTERS AND STATIONERS.

(0746.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 6830 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Libsch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 1 *Months* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Chicago Ill

Duration of Residence in the City of Baltimore, 18 Days

Place of Death, { Give street and Number. } 216 N. Evelson Street

Cause of Death, First (Primary), Malarial Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, July 19th 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 216 Eastern Ave

D. Wolslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below; and to Rules [illegible]

Board of Health, City of Baltimore.

Permit No. 68306 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 18 1883 BALTIMORE

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 48 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Lower Sharp Street

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Marasmus

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsville Cem.

Date of Burial, July 20th 1883

Undertaker Adam Fink

Place of Business, 461 W. Pay St. *Address,* [illegible]

E. C. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68307 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Douglas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 Hanover

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Ch and M-Cemetery

Date of Burial, July 18 83

Undertaker, Chas Hemsley

Place of Business,

J. A. Gillis M. D.,
Medical Attendant.

Address, 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Memorial Below, and to Blank Certificates on Back of this.

Board of Health, City of Baltimore.

Permit No. 68308 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis James

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days,*

Color, Black.-

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} Conway St.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Collapse,

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grave Yard

Date of Burial, July 19 1883

H. G. Watts. M. D.
Medical Attendant.

Undertaker Morgan Pye

Place of Business, Fulberry St *Address,* 283 N. Fulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6839 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Johnston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Constitution St & 12

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cathedral

Date of Burial, July 18 1883

Undertaker Morgan & Pye

Place of Business, Mulberry *Address,* Exeter St

W. G. Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6730 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hammel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 46 Fred ave

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19/83

Undertaker J. P. Pavlis

Place of Business 466 Frederick *Address,* 319 Wallis ave

James V Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6883 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July the 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Sayles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and Number.} 31 Screwes Ally

Cause of Death. {First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July the 18

{*Undertaker* Wm J. Gray

{*Place of Business,* 65 Mulberry St

Wm. N. Dunn M. D.
Medical Attendant.

Address, On 4 Hollis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6831 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Kinsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 2 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 months 19 Days

Place of Death, {Give street and Number.} 4 Tenant st.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of Last Sickness, 2 Months 19 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18th

Undertaker, C. H. Blizzard

Place of Business, 198 Penna Ave

J. H. Smith M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

ermit No. 6863 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, July 18th 83

ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora V Schurf

ex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

ge, 1 *Years,* 3 *Months,* 14 *Days.*

olor, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

ccupation —

irthplace, {State or country, and how long in the United States, if of foreign birth.} B city

uration of Residence in the City of Baltimore, life

lace of Death, {Give street and Number.} 73 Hewitt St

ause of Death, First (Primary), Cholera Infantum

Second (Immediate),

uration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 20th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 76 Hoyal St

J H Dunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

// Board of Health, City of Baltimore,

Permit No. 6 8 3 1 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Matilda Nethund

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Shrewsbury, Kent Co, Maryland.

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number} 139 Park Avenue

Cause of Death First, (Primary.) General Consumption

Second, (Immediate.) Nervous Prostration

Duration of last Sickness, About Six or Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 19th July 1883

Undertaker, H W Jenkins & Sons

Place of Business, Park & Saratoga St

Jos. Claybellantine M. D.
Medical Attendant.

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6833 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 18 1883 BALTIMORE

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Lagun

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 839 E. Fayette St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel

Date of Burial, July 19th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave. *Address,* 375 E. Balto. St.

E. L. Brune M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6836 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 3 Washington Court

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week 2

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C

Date of Burial, July 19th

Undertaker, W Lippel

Place of Business,

L O Wisenik M. D., Medical Attendant.

Address, 125 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in ~~said city~~, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, and to the Penalties Attached.

Board of Health, City of Baltimore.

Permit No. 6831 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 18 1883 BALTIMORE

Date of Death, July 18/83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hebra E. Switzer

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months.* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 824 East St

Cause of Death. First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Hollywood

Date of Burial, July 18

Undertaker [illegible]

Place of Business.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6838 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tilia Florence Council

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 years 1 *Years,* Few *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Division St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 95 Mulberry St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, July 19th 1883

Undertaker, Geo H. Krause

Place of Business, 538 W Fayette St

A C Pole M. D.,
Medical Attendant.

Address, No 1 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thadeus Jerome Neal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* 15 *Days.*

Color, Colored

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 19 Barnett St

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 19th 1883

Undertaker, Mc Ryan & Pye

Place of Business, Mulberry St 819

T. E. Lindsay M. D.
Medical Attendant.

Address 167 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of C.

Board of Health, City of Baltimore.

Permit No. 68320 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Grimes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 116 McElderry St

Cause of Death, First (Primary), Insanania

Second (Immediate), Consumptive

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Stemmers Run Balto Co

Date of Burial, July 19

Undertaker Geo Schilling

Place of Business,

G. S. Runniman M. D.
Medical Attendant.

Address, 136 Patt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3007

Board of Health, City of Baltimore,

Permit No. 6832 / *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Seventyseven *Years,* 9 — *Months,* — *Days.*

Color, ?

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 1125 C Mulberry St

Cause of death, First, (Primary,) Old age - Inanition

Second, (Immediate,) " "

Duration of Last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, July 19 1883

Undertaker, William Monge

Place of Business, No 62 East 8th

Whitefield Wiser M. D.,
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6852 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madelade Pearl Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Mc Eldery St. Ct.

Cause of Death, First, (Primary,) Pneumonia after measels

Second, (Immediate.)

Duration of Last Sickness, 1½ Months

All the above information should be furnished by the Physician.

Place of Burial Lowel Cemetery

Date of Burial, July 19 1883

Undertaker, William Berger

Place of Business, No 62 East St. *Address,* Co. Eden & Biddle Sts.

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68823 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kitter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Meale

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Baker

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 360 N. Durham St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Hemiplegia 5 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 2d 1883

Undertaker, H. Hoeck

Place of Business, Central Carbhave

J. E. Whitford M. D.
Medical Attendant.

Address, 195 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 68214 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Johnson Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color,

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, city

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and Number.} 72 William

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 19/83

Undertaker Armstrong

Place of Business, 263 Light

R. H. P. Eccs M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68325 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Harkum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 11 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Life Insurance Ag't

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 181 Wm St

Cause of Death, First (Primary), Enteritis

Second (Immediate), Perforation of the ~~Bowels~~ Intestines

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 20/83

Undertaker Chamberlain

Place of Business, 263 Eight

Theodore Costa M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6826 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Hilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 229 N Calvert St

Cause of Death, First (Primary), ——

Second (Immediate) Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Public Cemetery

Date of Burial, July 18/83

Undertaker Geo Reinhart

Place of Business, ——

Wm Whitridge M. D.
Medical Attendant.

Address, ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68327 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Virginia Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Port City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 46 N Edmondst

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, July 20th

Undertaker, Thos L. Hughes

Place of Business, 60 E. Baltimore St

C. B. Britton *M. D.,*
Medical Attendant.

Address, 51 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Minton

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Eighty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} A. Arundel Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 313 W. Hoffman St

Cause of Death, First, (Primary.) Old age

Second, (Immediate,) Old age.

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1st 1883

Undertaker, C. M. Leonard Son

Place of Business, 111 W Baltimore

Dyl Reinhart M. D.
Medical Attendant.

Address, 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore.

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Gr. Summers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 73 S. Fremont

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 20 1883

Undertaker Wallace Ludgate

Place of Business, 227 Saratoga *Address,* 283 W Lanvale

Edwd F. Mulhrean M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68330 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Hillmyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 1182 Fayette St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 20 1883

Undertaker, H Rossing

Place of Business, 196 E Baltimore

Whitefield Whitney M. D.,
Medical Attendant.

Address, 1182 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 68331 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eduard Spenger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days,* ✓

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Man of Letters

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and Number.} 1857 W Fayette St

Cause of Death, First (Primary). Chronic Bronchitis

Second (Immediate). Suppressed Urine

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial Lot for Sale

Date of Burial, July 20 1883

Undertaker John E Haughey

Place of Business, Penna Ave *Address,* 1 Baltimore

Clyde Cage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68332 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 17th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus W. Yeckel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* 5 *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Shoemaker,

Birthplace, { State in country, and now long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and Number. } 178 Madison Ave

Cause of Death, First, (Primary,) Bronchiectasis

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 19 1883 Edwd A. Gross M. D.,

Medical Attendant.

Undertaker, A Rosenberger

Place of Business, 70 Mulberry Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 68333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. G. Ross

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 2 *Months,* 10 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 9 S. Duncan alley

Cause of Death, First (Primary,) marasmus

Second (Immediate,) collapse

Duration of Last Sickness, Since birth (a bottle fed child).

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1883

Undertaker, J. J. Locks

Place of Business, 473 Jefferson

J. Kinnemon M. D.
Medical Attendant.
Per Dr. B. Leonard

Address, Penna Ave & Smallwood

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

Permit No. 68334 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Jane Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Franklin St. No 149

Cause of death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19th 1883

Undertaker, Matthew Ladrgan

Place of Business, 227 Mulberry

E. G. Jones M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 68335 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Durkey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 109 Cookside

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 19, 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway

J. T. Winans M. D.
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68336 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Charles H. Wilson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 7 *Months,* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} (Married)

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and Number.} 54 S. Amn St.

Cause of Death, First (Primary),

Second (Immediate). Paralysis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 20 /83

Undertaker M. A. Dwyer

Place of Business, 74 S. Bwy

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 6833 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Stokes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 9 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 207 S. Broadway

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Burn

Date of Burial, July 19, 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

James T. Shaw M. D., Medical Attendant.

Address, 417 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68338 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Lifetime 6 months

Place of Death, {Give street and Number.} No 1. Madeira Al

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) .....

Duration of Last Sickness, Dr not Known - Sudden and previous to death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 19. 1883

Undertaker, M. A. Daya

Place of Business, 74 S. Broadway

James L. McShane M. D., Medical Attendant.

Address, 418 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6833 9 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Phillip Dohme

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* 2 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 196 St. Ann

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 20th July 1883

Undertaker C. Eckhardt

Place of Business, 269 Caton Ave *Address,* 4 St. Broady

F. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 68340 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Pentland,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty six *Years,* Nine *Months,* & Eight *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Stewartstown York Co Penn'a

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} Greenmount Ave & Oliver st

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 20th

Undertaker, John McCoy

Place of Business, Frayer & Van Gaz *Address,* 146 Penna Ave

P. W. Kohler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 6834 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Murry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 16 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 160 N. Chapel

Cause of Death, First (Primary), ——

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 19th 1882

Undertaker T. J. Locke.

Place of Business, ——

Geo. H. Lamb M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18

Board of Health, City of Baltimore,

Permit No. 68342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th July 1883. 363 N. Henry St

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Caroline Menke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years 1 Mo 7 days

Place of Death, {Give street and number.} 363 N. Henry St.

Cause of Death, {First (Primary,) Chronic Nephritis

{Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Wm D. H. Larkin M. D.

Medical Attendant.

Date of Burial, July 20 83

Undertaker, [illegible]

Place of Business, 70 W. Balt St Baltimore Md

Address 340 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 68343 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kerr

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carpt-

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburgh Balto-

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 621 N. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, Has been complaining about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial. July 21/83

Undertaker, JOSEPH B. COOK,

Place of Business, [illegible]

J. D. Abbott M. D.,
Medical Attendant.

Address, 167 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Selby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 28 Boulden alley

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 19 1883

Undertaker, Alex Kennedy

Place of Business, 11 E Madison

L. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 68945 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent Knoll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, x x

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 82 N Durham

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 Hours

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 20

Undertaker Enoch & Foxt

Place of Business 60 Jefferson Ave Address, 29 E Balto st

James E Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* Two *Months,* Fourteen *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 60 Oxford St.

Cause of Death, { First (Primary,) Bronchial Catarrh
Second (Immediate.)

Duration of Last Sickness, About Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 83

W. H. Thompson M. D.
Medical Attendant.

{ *Undertaker,* A Hemsley
{ *Place of Business,* 110 Orchard Sts Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Rema[illegible]low. and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 68347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH JUL 20 1883 BALTIMORE

Date of Death, July 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rozetta Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} 35 Moore's Alley

Cause of Death, First, (Primary,) Cardiac Dropsy

Second, (Immediate,)

Duration of last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Shapes Cemetery

Date of Burial, July 20, 83

Undertaker, Alex Hensley

Place of Business, 160 Orchard St

Wm B. Rider, M. D.
Medical Attendant.

Address, 195 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. INGLAN & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 68348 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUL 20 1883 BALTIMORE

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Schmidt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 36 Union St.

Cause of Death, First, (Primary,) Diphtheritic Laryngitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 20

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* 520 Penna Ave

J. Rickert M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Filed

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 68349 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 10 A.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Zillers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 309 E Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two Months

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 21 1883

Undertaker G. France

Place of Business, Pants & Wolfe

James E Donnelle M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 68350 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Sinead

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 5 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 164 Ensor Street

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 164 Ensor Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 20 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave

D. O'Meyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 68351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 20 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George K. Packham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N. E. Cor. Preston & Eden Sts.

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20th July

A. G. Watson M. D.
Medical Attendant.

{*Undertaker,* Geo. Schilling

{*Place of Business,* Cor Monument & Aisquith Sts) *Address* 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 6835 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate; *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, July 18, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Reed

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 443 Saratoga St

Cause of Death. First (Primary), ...

Second (Immediate). Marasmus

Duration of Last Sickness. 9 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns St Cemetery

Date of Burial, July 20 1883

Undertaker William V. Benge

Place of Business, No 62 East St Street *Address,* 386 W. Lafayette St

O. M. Mayo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 68833 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest A. Robertson

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City 3 - 8

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 382 Light st.

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), Congestion of brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 20

Undertaker B. Hall

Place of Business,

R. H. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules as Below, and to Article 20 Section 6.

Board of Health, City of Baltimore,

Permit No. 68354 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis E Hart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 1 E *Days,*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 10 ~ 19

Place of Death, {Give street and Number.} 442 Light St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, July 20

Undertaker B Hinds

Place of Business. 92 West H

Rob't Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68305 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. Perkins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 220 N. Dinwiddie St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20. 83

Undertaker, Chas. A. White

Place of Business, 85 Granby st. *Address,* 234 N. Eden [illegible]

G. F. Layton *M. D.*, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 68356 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wilson

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.} Female

Age, 65. *Years,* — *Months,* *Days,*

Color, Colored.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 57 S. Bethel St.

Cause of Death { First (Primary), Inflammation of Bowels.
Second (Immediate), asthenia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 20th

Undertaker Thos L Loeber

Place of Business, 73 Jefferson St

Jno. S. Lund M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6835 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno N. Lafever

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty seven *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 15 E Broadway

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 21/83

Undertaker Denny & Magan

Place of Business, ...

Walter Gay M. D., Medical Attendant.

Address, 17 East Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 68358 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Augustus Wade

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, { Give street and Number. } 248 N. Charles St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Warrenton Va.

Date of Burial, July 16th 1883

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Address 12 N. Howard St

Dr. Middleton, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3808

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 68359 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } J Frank Wonderly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto, Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 498 E. Eager St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st

Undertaker Geo. Schilling

Place of Business,

M. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68360 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jean Debuck

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 *Years,* 11 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and Number. } 9 Patapsco st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, July 21st

Undertaker Peter Frey

Place of Business, 91 Eastern Av *Address,* 168 S Exeter st

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucella Fairbanks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* *Days,*

Color, white

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give street and Number.} 92 N. Amity

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Head-Disease

Duration of Last Sickness, 8 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 20/83

Undertaker Fry & Son

Place of Business, 212 Broadway

Jno. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 6836 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora M Cublin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} No 278 N. Bond St

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 20th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St *Address,*

Medical Attendant. Ridgway Andrew *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 68363 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry H. Giles

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 72 *Years,* 6 *Months,* 9 *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married ✓

Occupation, Waggoner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, — 49 years —

Place of Death, { Give street and Number. } No 916 Orleans St

Cause of Death, First, (Primary,) Valvular Disease of Heart (Mitral)

Second, (Immediate,) Dropsy

Duration of Last Sickness, — 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, July 20th 1883

Undertaker, Wm. H. Chase

Place of Business, 193 S. Howard

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward. 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

Date of Death, 19th July 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W R Corbett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Thirty Life,

Place of Death, { Give street and Number. } 432, Park Avenue,

Cause of Death, { First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, Life time,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 20th 1883

{ *Undertaker,* Penny & Mitchell

{ *Place of Business,* 536 W. Fayette

C. G. Jones M. D.,
Medical Attendant.

Address, 536 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 68365 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Fleming

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 18 Patterson Park Av.

Cause of Death. First (Primary), Malarial fever & congestion of the liver

Second (Immediate), Cachexia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 22nd 1883

Undertaker Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 18 Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 68366 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Hahn

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 187 Aisquith St.

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus.

Duration of Last Sickness, 3 weeks.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, July 21st 1883

Undertaker Denny & Butchelt

Place of Business, 65 S Broadway *Address,* 187 Aisquith St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68867

Office of Registrar of Vital Statistics. 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 20 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 19 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Granver

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~No. 1 Beauty~~

Place of Death, {Give street and number.} No. 1 Beauty Lane

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 21st

Undertaker Fred Gaede

Place of Business #27 E. Caroline, *Address,* H. S. Exeter

F. L. Moyer *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 68368 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Deise

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 122 Schroeder St.

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate). .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 19 1883 Louis C. Hahn M. D.

Undertaker J. Louis per E.H.L. Medical Attendant.

Place of Business, 317 Mc Henry Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

EASTMAN KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

VII

Permit No. 68369 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dolle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* one *Months.* ..... *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 39 Abbott St

Cause of Death, First (Primary). Rubeola -

Second (Immediate). Acute Pneumonia

Duration of Last Sickness, one Month -

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 20th 83

Undertaker G. A. Frame

Place of Business, Bauer & Wolff *Address,* 238 Broadway

Wm L Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 68370 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Gumodmann

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 7 Portugal Alley

Cause of Death, First, (Primary.) Measles

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, July 20th 83

Undertaker, J. J. Franz

Place of Business, 73 Hanover & Wolfe Address, 3 N. Bury

P. L. Dauch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 68371 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hartlove

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 251 S Durham St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, two days.

the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 22nd 83

Undertaker G. Frame

Place of Business, Bank & Wolfe

John H. Kelberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o.

Board of Health, City of Baltimore,

Permit No. 6832 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank James Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 149 Eastern Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20th

Undertaker, Chas A White

Place of Business, 35 Granby st

E Geo Walls M. D.,
Medical Attendant.

Address, 417 N Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 68373 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday night 11.15 Pm July 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Devlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 118 Chesapeck St

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Malaria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, July 20th 83

Undertaker, W C Sander & Son

Place of Business, 252 Canton Av

J. E. Pickard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68374

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Barrow

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 76 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 567 W. Fayette St.

Cause of Death, First, (Primary.) Advanced life with General Debility

Second, (Immediate.) Enteritis

Duration of Last Sickness, 4th 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 21 / 83

Undertaker, Gorry & Mitchell

Place of Business, 530 W Fayette St

Jno. F. Powell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 68375

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUL 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund Cook

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days.*

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, in the institution about 1 month

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 20/83

Undertaker, Geo Kinehart

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules, below, and to Table of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 68396 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1893

HEALTH JUL 20 1893 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud G. Justy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 8 Lucas Court

Cause of Death. First (Primary), Convulsions

Second (Immediate), Apnea

Duration of Last Sickness, 1 Week

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20th 93

Undertaker Chas A Mish

Place of Business, 35 Green

J H Koring M. D.
Medical Attendant.

Address, 715 Pleasant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6837 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barney Whalen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 Years, Months, Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give street and Number.} 4th dimmens Wharf - Foot of Bowly's la

Cause of Death, First (Primary), accidental drowning

Second (Immediate), " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Country

Date of Burial, July 21

Undertaker B. O'Neale

Place of Business, 82 West St.

Lotz Bell M. D.
Medical Attendant.

Coroner's Office
Address, 161 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 68978 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hartman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bell

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 9 Potomac St

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, July 21st

Undertaker Peter Frey

Place of Business, 91 Eastern Ave *Address,* 1461 Aisquith

Thurston Goldsborough M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 68379 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kaufmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 6 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 129 N High St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial July 21/83

Undertaker Peter Frey

Place of Business, 91 E Fayette Ave

Flatter M. D.
Medical Attendant.

Address, 241 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68880 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Kunkel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Spring St. betw. Gay & Aisquith

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, July 22nd 1883

Undertaker, Henry Steele

Place of Business, 307 N Eutaw St Address, 276 W. Fayette St

A. Aronsohn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68381 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eyres

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 23 Oregon ave

Cause of Death. First (Primary). Marasmus

Second (Immediate).

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 22/83

Undertaker John P. Pauley

Place of Business, 66 Frederick Ave *Address,* 819 Hollins St

James Booley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6838 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Fiedler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, two 2 Months, Twenty (21) Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 179 Wisconsin

Cause of Death, First (Primary), Enteritis Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 22 1883. Leo. Slow M. D.

Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 W. Gay *Address,* 51 Eager Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68383

Office of Registrar of Vital Statistics. 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Grover

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 7 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Towsontown Balto Co

Duration of Residence in the City of Baltimore, Eight Month

Place of Death, {Give street and number.} 37 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scrofula

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 21/83

Undertaker, Ger Reinhart

Place of Business,

Thos. J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 68381 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily A. Crawford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible] Md

Duration of Residence in the City of Baltimore, [illegible] 44 years

Place of Death, {Give street and Number.} 94 E Conlin St

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Weakness.

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22 1883

Undertaker Fitz & Bro

Place of Business, 21 & Broadway

J. Glover M. D.
Medical Attendant.

Address, 137 Orleans E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68386 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harman Bergman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 26 N Durham St

Cause of Death, First, (Primary,) Hydatids of the Liver

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cem.

Date of Burial, July 22 at 8 A.M.

Undertaker, J. Muller

Place of Business, 21 Hanson St

G O Waterworth M. D., Medical Attendant.

Address, 125 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 68386 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

Date of Death, July 21st. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elanor Glasper

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 331 Hamburg St

Cause of Death, First (Primary), Hydrocefallus congenitus

Second (Immediate), Convulsions

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22nd 1883

Wm Gould M. D.
Medical Attendant.

Undertaker Leo Leimbach

Place of Business, 389 W. Pratt St *Address,* 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore, 4

Permit No. 6838 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babette Kohn

~~Male~~, *or Female,* {cross out the word not required in this line.}

Age, 80 *Years,* 6 *Months,* 2 *Days.*

Color,

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 5 N. Exeter St

And 99

Cause of Death {First, (Primary,) Anhemia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hardinai Cong. Cemetery

Date of Burial, July 22nd

Undertaker, Chas Stoltz and Son

Place of Business, #22 N. Pratt St. *Address,* 197 W Fayette St

A Gilmour M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 68388 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harley Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Five days ?

All the above information should be furnished by the Physician.

Place of Burial, ~~W. B. Cemetery~~ Westminster

Date of Burial, July 21/83

Ralph Turner M. D.
Medical Attendant.

Undertaker Jno. A. Kuehnle

Place of Business, 50 S. Carrollton Ave. *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Ward 12

Permit No. 68389 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Stewart

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } ~ *Years,* 6 *Months,* ~ *Days,*

Age, ~ *Years,* 6 *Months,* ~ *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation 76 Moores al

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 76 Mason al

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauelbank

Date of Burial, July 21/83

Undertaker Edward Maran

Place of Business Mrs D Grace *Address,*

Alexander Tinsley M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68390 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE, MD.

Date of Death, July 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Palmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~, ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Concord — Pennsylvania

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 148 Mosher St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician. Thomas Shearer M. D.,

Place of Burial, John E Bloomfield July 22d 1883 Medical Attendant.

Undertaker, John E Bloomfield

Place of Business, 320 Penn Ave *Address,* No 97 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

379

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 68891 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 21 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Basil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1486 E Eager st

Cause of Death, First (Primary), ———

Second (Immediate) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel

Date of Burial, July 21/83

Undertaker Fry & Bro

Place of Business, 818 Broadway *Address,* [illegible]

Geo. H. Benson M. D.
Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 6832 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20/883. 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Holland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 4 *Days,*

Color, Whili

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belair Hartford Co

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 53 S. Caroline St

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, I first saw it at noon on the day of death.

All the above information should be furnished by the Physician.

Place of Burial, Belair Hartford Co

Date of Burial, July 22d 1883

Undertaker Fred Gaede

Place of Business, #29 S Caroline *Address,* 11 S Eutaw St

Alex W Shenker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 68393 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 7½ P. M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry M. Ernst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 16 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 281 Chew St.

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, About One Month - visited it once

the above information should be furnished by the Physician.

Place of Burial, New Methodist

Date of Burial, July 22/83

Undertaker Fry & Bro

Place of Business, ...

James E Smith M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Reverse of this Certificate.

Board of Health, City of Baltimore,

Permit No: 68394

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sizes

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 7 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 33 E Pleasant St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 22 1883

Undertaker, Jas F Kennedy

Place of Business, ____

A. R. Fetterolf M. D.
Medical Attendant.

Address, 205 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BYRANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 68395 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Kellman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Cholera Infantum -

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 1883

Undertaker, McVeigh

Place of Business, Division & Lombard

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem ave Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68396 *Office of Registrar of Vital Statistics.* Ward R

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 21/83.

Undertaker, McVeagh

Place of Business, Lexington & Howard

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over

Board of Health, City of Baltimore,

Permit No. 6897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Robert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* one *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 90 N. Spring St.

Cause of Death, {First, (Primary.) Heart Disease {Second, (Immediate.) incapacitate Stricture / Urethra

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1883

Undertaker, J. J. Dochs

Place of Business, 73 Gilmor St

C. E. Stein M. D.
Medical Attendant.

Address, 19 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18378 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl John Friedrich Reichert

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days,*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} July 1 Since Birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 2166 Bond St.

Cause of Death, First (Primary). Internal Convulsions

Second (Immediate). .....

Duration of Last Sickness, 24 hours

the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem.

Date of Burial, July 22d 1883 John H Rehlaender M. D.

Undertaker H. Sander & Son Medical Attendant.

Place of Business, 252 Canton Ave. *Address,* 1733 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68379 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Goldstein

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 130 Aisquith St

Cause of Death, First (Primary).

Second (Immediate). Eclampsia (Fits)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Amity

Date of Burial, July 21 - 1883

Undertaker M. Goldsmith

Place of Business, High St.

J. Ridgway André M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Benjamin Quill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~=~~ *Years,* 7 *Months,* ~ *Days.*

Color, ~~e~~ *Sex,*

~~*Married,*~~ *Single, Widow or ~~Widower~~,* { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } No 7 Caro St

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 21st 1883

Undertaker, Wm H Dempsey

Place of Business, No 62 East St

John J Caldwell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 68401 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McHinds

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 25 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 163 St Mary's St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Two month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 22-83

Undertaker, D Emry & Brother

Place of Business, 230 W Fayette St

John Neff M. D.,
Medical Attendant.

Address, 208 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 68402 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Estella James

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, C

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 7 mo.

Place of Death, {Give street and Number.} No 711 Druid Street

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 21st Sat

Undertaker E. D. Divers

Place of Business, 104 Park Ave *Address,* 306 N. Eutaw St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 19

Permit No. 68403

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm J Dolman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 19 Years, 6 Months, Days,

Color, white ✓

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Stone cutter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 2 S Fulton Av

Cause of Death, { First (Primary), Consumption

Second (Immediate), 9 months

Duration of Last Sickness, 1

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, July 22/83

{ Undertaker, JOSEPH B. COOK, Undertaker, 207 W. BALTIMORE ST., BALTIMORE, MD. } Address, 819 Hollins

Medical Attendant. James Bosley M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68404 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Weeks

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 3 6 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and Number.} 17 Lancaster

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Asthenia

Duration of Last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cemetery

Date of Burial, 23 July 1883

Undertaker John C. Ishus

Place of Business, 265 Hanover *Address,* 771 Broadway

F. L. Mitten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68405 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Biscoe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 16 Thames St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate).

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, 23 July 1883

Undertaker John C. Turner

Place of Business, 265 Aliceanna

John H. Kehlenz M. D.
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68406 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Freeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months~~ 30 minutes Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation ~~Widower~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 30 minutes

Place of Death, {Give street and Number.} 55 Valley st.

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness, as above

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 22 d 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention ... to the Rules and Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6407 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbus Small

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 7 Jones's Court

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sarah Simon

Date of Burial, July the 21 1883

Undertaker, Thos A White

Place of Business, 35 Granby St *Address,*

Geo H Taylor *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68408 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurance Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} 138 Hoffman

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 Union

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 22nd 1883

Undertaker, James O Byrne

Place of Business, No 63 N Fremont

William Lee M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die within said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore, Ward 16

Permit No. 68409 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 22, 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Schaefe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Years, — Months, — Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation Ballo

Birthplace, {State or country, and how long in the United States, if of foreign birth.} life time

Duration of Residence in the City of Baltimore, 136 Barre st

Place of Death, {Give street and Number.} Cholera Infantum

Cause of Death, First (Primary), Spasm

Second (Immediate), 4 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem. *Date of Burial,* July 23 1883

Undertaker John Seufert *Address,* 166 Pacca

Place of Business, 796 w. Balto. *Medical Attendant.* Dr Buddenhagen M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6840 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 22 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustie Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and Number.} No. 227 S Durham

Cause of Death, First, (Primary,) Hooping cough & Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, about 3 weeks (have seen it but twice)

All the above information should be furnished by the Physician.

Place of Burial St. Michaels Cem

Date of Burial, July 23. 1883

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave

L C Wiederwax M. D.
Medical Attendant.

Address, 125 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6841 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Klingenberger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 9 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. 7 weeks in U.S.

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and Number.} W. Fayette St 27

Cause of Death, First (Primary), Cholera infantum morbus.

Second (Immediate). Convulsions.

Duration of Last Sickness, 1 night

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22 July 1883

Undertaker Tunnel

Place of Business, W. Biddle St

Dr. J. Reinhard M. D.
Medical Attendant.

Address, 214 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68412 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled, out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 22 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 21 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Joseph Goggins

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, X *Years,* 4 *Months.* few days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 147 Saratoga Street

Cause of Death. First (Primary). Cholera infantum

Second (Immediate). Meningitis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 23d 1883

Undertaker Stewart & Mowen

Place of Business, 35. Park ave

A Friedenwald M. D.

Medical Attendant.

Address, 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6821/3 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 335 E. Howard

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Burial

Date of Burial, July 22 1883

Undertaker H. Ross

Place of Business, 45 Conway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolus Romuda

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs 6 mos

Place of Death, {Give street and number} 495 E Eager St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius cimitery

Date of Burial, July 23

Undertaker, John Harvey

Place of Business, 282 Orleans

D G Wells M. D.
Medical Attendant.

Address, 471 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68415 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Mora Schuckel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months.* — *Days,*

Color, 6

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} E. Shore Md

Duration of Residence in the City of Baltimore, abt 6 mos

Place of Death, {Give street and Number.} No 175 S. Bullen St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), (Supposed)

Duration of Last Sickness, abt 3 months

the above information should be furnished by the Physician.

Place of Burial, East Balto Public

Date of Burial, July 22/83

Undertaker Geo Kinehart

Place of Business,

Dr H. Mosh M. D.
Coroner 6th
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68446 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Buchner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 7 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 1 year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 112 Fountain St. bet Front & Eden

Cause of Death, First (Primary). Pneumonia

Second (Immediate).

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, July 23 4th 1883.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. Address,

I do hereby certify that I attended deceased during her last sickness, that I last saw her alive on July 22nd 1883, and that to the best of my knowledge and belief she died of the disease and cause as stated above.

Geo. A. Lintz M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68747 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sanne E Needles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto 578 S Charles

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 578 S Charles

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Anne Arundel County

Date of Burial, July 23

Undertaker, B. Healy

Place of Business, 82 West St

O A Cooke M. D.,
Medical Attendant.

Address, 110 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68478 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma K. Clair

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 3414 N. McDonogh st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 24 1883

Undertaker John W Jackson

Place of Business, Gay & Woodside *Address,* 305 N Caroline

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68419

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. A. Kate Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} ff E Eliza St

Cause of Death, First, (Primary,) Hair Lip

Second, (Immediate,) Convulsions

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23 1883

Undertaker, John W Jackson

Place of Business, Gay & Lombard *Address,* 195 Aisquith St

J E Whitford M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68420

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Yontee

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, ... *Years,* three *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 3 mos + 22 days

Place of Death, {Give street and number.} 301 Hoffman St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 24/83

Undertaker, Walter Immel

Place of Business, ...

Robt. J. Wilson M.D.,
Medical Attendant.

Address, #146 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rules on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68421 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1893 BALTIMORE

Date of Death, July 21 = 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bauer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 12 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 47 N. Duncan Alley

Cause of Death, First (Primary). Morbilli

Second (Immediate). Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 23.

Undertaker Theresa Haack.

Place of Business, 551 E. Fayette *Address,* 245 S. Belmont

F. Fiedler M. D.
Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases, and to be Returned Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68422 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Reef

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 81 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: Preston and Valley Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Mural debility & Age

Duration of Last Sickness, three months

All the above Information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, 23rd July 1883

Undertaker, James O Byrne

Place of Business, N° 63 So Front St

Jas. Brooke Bayle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68423 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Bernard Veise

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months.* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 122 Schroeder St

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 23 1883

Undertaker L Haus

Place of Business, 317 Mulberry St.

Louis C. Horn M. D.
per E. K.
Medical Attendant.
226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68424 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

Date of Death, July 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Maley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 2 *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Havari County Md.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give street and Number. } 40 Parrish alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Lock Seat

Date of Burial, July 23 1883

Undertaker, L Hans

Place of Business, 317 Mulberry Address

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68425 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daisy Marie Graham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~~~ *Years,* 3 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } # 116 N. Bond St.

Cause of Death, First (Primary), Entero – colitis

Second (Immediate), Eclampsia Cholera Infantum

Duration of Last Sickness, 23 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 23rd 1883

Undertaker Henry McGinnis

Place of Business, 8 N Central Ave

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moritz H. Cohn,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* M.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boston, Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give street and number. } 531 W. Balto. St.

Cause of Death, First (Primary,) Dyscrasia of Left Lumbar Region

Second (Immediate,) Exhaustion —

Duration of Last Sickness, 15 mos —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23

Undertaker, Walter Immel

Place of Business, 315 West Bidde Address 247 Fawn ale

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...special attention of a physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 / 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Hammel

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 68 *Years,* 11 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Nun

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } 96 Park Ave.

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 24

Wm B Rider M. D.
Medical Attendant.

Undertaker, Walter Emmel

Place of Business, 315 W. Baltimore *Address,* 195 N. Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68428 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 23 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22. 93.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Lutz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House wife -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Smithfield - W. Va.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number.} 257 N. Fremont

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ~~~~

Duration of Last Sickness, 3 yrs -

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 24

Undertaker, Walter Lemmel

Place of Business, 913 W. Biddle

John D. King, *M. D.,*
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McKelly

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Mariner. Sea Captain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 157 Saratoga St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 23d 1883

Hudson Gilmore M. D.
Medical Attendant.

Undertaker, W. H. Weaver

Place of Business, 202 N. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68430 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 23 1883

Date of Death, July 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wells

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 121 Chesnutt alley

Cause of Death, First, (Primary.) Heat

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23d

Undertaker, Collins & Mann

Place of Business, 11 Hanover St

John W. Brown M. D.,
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68431 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen B. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 10 *Months,* 8 *Days,*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 65 S. Carrollton

Cause of Death, First, (Primary,) Softening of Brain

Second, (Immediate,) Typhoid cond

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, July 23 cd 1883

Undertaker, Jos S Cook

Place of Business No 707 W Baltimore street

J Ino A Ford M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68432 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ryan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ~~Months,~~ 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, and his life

Place of Death, {Give street and number.} 68. N. Cnfs Ly. Wolfe St.

Cause of death, First, (Primary,) Cholera Infantum,

Second, (Immediate,) .....

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, July 24th 1883

Undertaker, Jos. L. Cook

Place of Business No 707 N Baltimore St

Jno. L. Kloz M. D.,
" " "
Medical Attendant.

Address 973. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore.

Permit No. 68433 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 293 N. Broadway

Cause of Death First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23/83

Undertaker Henry Schultheis

Place of Business,

Wm. R. Benson M. D.
~~Medical Attendant.~~

Address, Cor Gilmor & Schultz

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68434 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 23, 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma May Sims

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 158 Orchard

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cy

Date of Burial. Monday 23d 83

Undertaker, ...

Place of Business, ...

J H Sutton M. D.,
Medical Attendant.

Address, 23 Hunter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68435 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Elizabetta Porter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 340 n Gay st

Cause of Death, First, (Primary,) Oldage

Second, (Immediate,) Gastritis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, July 23 1883 E. C. Baldwin M. D.,

Medical Attendant.

Undertaker, Wm H Hickman

Place of Business 234 N Gay St *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore, 18

Permit No. 68436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Caroline Zimmerman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 yr 10 Mo 15 days

Place of Death, {Give street and number.} 276 Ramsay St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 23rd 1883

Wm. F. K. Larkin M. D.
Medical Attendant.

Undertaker, Jos. R. Cook

Place of Business, No 767 W. Baltimore St

Address 34 N. Gilmor St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 68437 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walker B Obb

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore all life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 110 Carrollton Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, July 23-83

Undertaker, Denny & Milton

Place of Business, 53 & 55 W Fayette St

Wm B Fahnestock M. D., Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68438 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy May

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 5 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 Forest st

Cause of Death, First (Primary), Convulsions

Second (Immediate), 3 Weeks

Duration of Last Sickness,

All the above info mation should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial,

Undertaker Wm N. Dungan

Place of Business,

Geo. H. Bonsall M. D.
Medical Attendant.

Address 2 Linn & Locust

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68439 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eliza Carney

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 20 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 22 Wyeth St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 24th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

C. W. Colburn M. D., Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68440 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie A Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co Va

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and Number.} 178 S Paca St

Cause of Death, First (Primary), ———

Second (Immediate), Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Milford Cemetery Co Va

Date of Burial, July 23d 1883

Undertaker Wm. S. Marchin

Place of Business, N 150 Camden St

Medical Attendant. Geo. D. Blake M.D.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68441 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47. *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary Co Md

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 223½ Penna Ave

Cause of death, First, (Primary,) Chronic Albuminuria

Second, (Immediate,) Uraemic Convulsions

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 23

Undertaker, C H Blizzard

Place of Business, 1811 Penn ave

H Bloffold M. D.,
Medical Attendant.

Address, 330 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68442 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin McBush

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 2 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 3 1/2 years

Place of Death, {Give street and Number.} No 7 Orrin Court

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W.B. Ont Cemetery

Date of Burial, July 25th 1883

Undertaker F. A. Pendleton

Place of Business,

Geo. E. Brown M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68443. *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Sam Hart & Julia Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 McElderry st court

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore

Date of Burial, July 23/83

Undertaker Gr Reinhart

Place of Business,

Chas H Simm M. D.
Medical Attendant.

Address, 1m of Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 684444 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Haskins

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Trailer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton, Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} # 30 Hillen St.

Cause of Death. First (Primary), Apoplexy,

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months.

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, July 23d 1883

Undertaker Wm S Gray

Place of Business, 63 Mulberry

Thos L Russell M. D.
Medical Attendant.

Address, B'way & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 — "83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Martha Lena Morris

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 7 Courtland St.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 9 Courtland Sts

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate,) [redacted]

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 23d 1883.

{*Undertaker,* W. J. Jordan

{*Place of Business,* 63 Park Ave.

Alexander Hill, M. D.
Medical Attendant.

Address 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68446 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 6 *Months,* ..... *Days,*

Color, Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 225 Vincent alley

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery
Date of Burial, July 23 1883
Undertaker, W J London
Place of Business, 68 Park Ave

M K Fran ..... M. D.,
Medical Attendant.
Address, Stricker & Freeman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 6844

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68447 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 22nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} T. Conne

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} 180 N. Calvert

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Entero Colitis

Duration of Last Sickness, 1 week

the above info mation should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 23rd 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

Lon B Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6844/8; *Office of Registrar of Vital Statistics.* Ward R

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Albert

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Widow or Widower~~

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Mason alley.

Cause of Death, First (Primary), ~~—~~

Second (Immediate), Peritonitis

Duration of Last Sickness, 1 Week.

All the above information should be given by the Physician.

Place of Burial, Lorraine

Date of Burial, July. 23-1883

Undertaker Edward Mason

Place of Business, ~~—~~ *Address,* Cor of Hunt

Geo. N. Bonsall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. John E. Dudley [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68449 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Few

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* 17 *Days,*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 49 Lexington Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), "

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, July 24

Undertaker M. F. Jordan

Place of Business, Park St

Chas. W. Dunn M. D.
Medical Attendant.

Address, Corner of Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68450 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 23, 1883 BALTIMORE, MD.

Date of Death, July 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles P. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 132 S Eutaw St

Cause of Death, First (Primary), Heat & Artificial Food

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, July 23 1883

Undertaker H Ross

Place of Business, 95 Conway St *Address,* 146 Eutaw St

Thos Goth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68451 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Bamuel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Three *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 192 Pac & Richmond

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 153 Spring st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Tabes Mesenterica

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohef Shalom Cemty

Date of Burial, July 23/83

Undertaker, Wm Eilau

Place of Business,

Herman F Hill M. D., Medical Attendant.

Address, 1 Cathedral & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68452 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22d. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Young.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* —— *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Consumption —

Second, (Immediate,) Diarrhea —

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 23/83.

Undertaker, Mc Veigh —

Place of Business, Pimlico

R. McSherry Goldsmith M. D.,
Medical Attendant.

Address, Harford av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

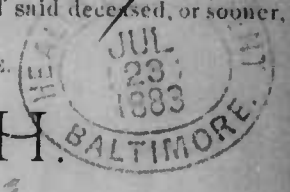
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68453 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} Dugans wharf

Cause of Death, First (Primary),

Second (Immediate), Drowning

Duration of Last Sickness, Minutes a Few

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, July 23rd 1883

Undertaker B. W. Chase

Place of Business, 198 S. Howard St

Alexander Finley M. D.
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No 68454 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 23 1883 BALTIMORE

Date of Death, 9 am 22d July -83-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sinclair Veal

Sex, Male or Female, { Cross out the word not required in this line. } Boy

Age, ~~Years,~~ 3 *Months,* 22 *Days.*

Color, Mulatto

~~Married, Single~~, Widow or Widower, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 62 Baltimore Alley

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, 2 Wks =

All the above information should be furnished by the Physician.

Place of Burial, Short Line Cemetery

Date of Burial, 23rd July 83

Undertaker Geo W Watkins

Place of Business, 217 Hanover *Address,* 217 Hanover

H C Neale M. D.
Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68455 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 22, 1886

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Finch

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 2 Exeter St

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, July 24, 1886.

Undertaker L. Sander Jr. M. D.

Place of Business 257 Canton Av. *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68456 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Annetta Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 17 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

~~*Birthplace,*~~ {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 17 Port st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cem

Date of Burial July 25. 1883

Undertaker Henderson

Place of Business 252 Canton Ave

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68457 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lohar F Graf

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, [illegible] *Years,* 1 *Months,* 6 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, July 23. 1883

Undertaker H Shuter's Son

Place of Business, 252 Aisquith Address,

W. B Lelar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician... to the Items Below. See to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68458 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antony Pendergast

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 8 *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, Widow ~~or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 8 Church St

Cause of death, First, (Primary,) Cirhosis

Second, (Immediate,) Jaundice

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 23rd 1883

Undertaker, Jas P Byrne

Place of Business, 63 FRONT St

Address,

D Duckett M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 68469

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Moore

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 24 Wilson St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24th 1883

Undertaker, John Gorsuch & Co

Place of Business, 32 E Lanvale St

Chas E Statter M.D.
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case came under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tention of Physicians is especially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18460 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pikel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, five *Years,* — 11. — *Months,* — *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} No 2 Thames st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens E

Date of Burial, July 23

Undertaker, W Leipe

Place of Business,

L O Wortmann M. D., Medical Attendant.

Address, 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of P[illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68461 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mc Guire

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware U. S.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 65 Stirling St.

Cause of Death, First (Primary), Pneumonia (Croupous)

Second (Immediate), Diarhoea and exhaustion

Duration of Last Sickness, 9 days

All the above into matters should be furnished by the Physician

Place of Burial, Balto Co Md

Date of Burial, July 24/83

Undertaker James Byrne

Place of Business,

Jno. L. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68462 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1893 BALTIMORE

Date of Death, July 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E Suter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Pratt St

Cause of Death, First (Primary), Colera Infantum

Second (Immediate),

Duration of Last Sickness,

All the above info matters should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 25

Undertaker Walter Immel

Place of Business, 315 West Bidd Address,

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 68463

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday July 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Elizabeth Phelps

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* ——— *Days,* 7 days

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 58 Stockton Alley

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shorb's Cemetery

Date of Burial, July 25 1883

Undertaker, William N Dunn

Place of Business, No 62 East St

H. H. Wilson M. D., Medical Attendant.

Address, Fairmount & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68464 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Jane Sewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} Marsh Alley bet Eutaw & [illegible]

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Loss of Strength

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, July 23 1883

Undertaker Wilkins & Burgess

Place of Business No 62 East St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68465

Office of Registrar of Vital Statistics. 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Rosenstein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 N. Exeter St.

Cause of Death, First, (Primary.) Mis Colitis

Second, (Immediate.) ~~Cachexia~~ Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Belair Ave

Date of Burial, July 24th

Undertaker, Jacob Ahrens

Place of Business, 31 N High

I. S. Moyer M.D.,
Medical Attendant.

Address, 1. S. Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68466 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Louisa Wolin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 275 S. Broadway

Cause of Death, First (Primary).

Second (Immediate). Marasmus.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, July 24

Undertaker Joseph E. Nicholas L. Dashiell, M. D. Medical Attendant.

Place of Business, 151 S. Bond *Address,* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Illegitimate.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68467 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

Date of Death, July 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hoelmyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 E. Fayette St

Cause of death, First, (Primary.) Deptheriae

Second, (Immediate,) " Apnea

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 24 1883

Undertaker, G. L. Rossiter

Place of Business, 196 E Baltimore

Whitfield Winsey M. D.,
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68468 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Elton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 ~~6~~ *Years,* 6 *Months,* *Days,*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 148 Central Ave

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Convulsions

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Schwartzenbach Cemetery East Road,

Date of Burial, July 24th

Undertaker Geo Schilling

Place of Business,

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68469

Office of Registrar of Vital Statistics.

Back of this Certific

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

Date of Death, July 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hortie Garner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, African

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Bolton ave.

Cause of death, First, (Primary,) Meningitis

Second, (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, July 24 83

Undertaker, A J Hemsley

Place of Business,

Medical Attendant. M. D.,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ctfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Augusta Webb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 356 Park Ave

Cause of Death, First (Primary,) unknown

Second (Immediate,) collapse — cause unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 24th 1883

Aggie Bucker M.D.
Medical Attendant.

Undertaker, STEWART & MOSEY
UNDERTAKERS,
Place of Business. 10 Park ave.

Address 135 N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Respectively, to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68471 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Bryce Coleman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* *Days,*

Color, wht

Married, ~~Single~~, ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 249 Madison ave

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, 5 years

All the above Information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial July 26th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS

Place of Business, 50 Park Ave

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6842 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lo Denby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bath.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 144 Sarah Ann

Cause of Death, First (Primary), Cholera Infant.

Second (Immediate),

Duration of Last Sickness, 7 days

the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 25th

Undertaker Thos Henson

Place of Business, 86 Baltimore *Address,* 22 Mulberry St

Louis C. Horn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68473 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Allen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty-five *Years,* *Months,* *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, { Give street and Number. } 184 Hughes st

Cause of Death, First, (Primary.) Asthma

Second, (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Meth

Date of Burial, July 24 83

Undertaker, Elton Ellis

Place of Business, 217 Hamburg

Silas Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 68474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68474 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883

Full Name of Deceased {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludwig Hartmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and Number.} 91 Eastern ave.

Cause of Death, First (Primary), Apoplexy

Second (Immediate) ~~8 days~~

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, July 24th "

Undertaker H. Frey

Place of Business, 91 Eastern ave *Address,* 170 E. Shaft St

Wm Grunbel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

DAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the ... below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68475 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E. A. Pierce.

~~Sex, Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } N. York State.

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, { Give street and Number. } 197 W. Fayette St.

Cause of Death, { First (Primary), Myelitis. Second (Immediate). Paralysis.

Duration of Last Sickness,

All the above info mation should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 24th 1883

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* Fayette Near St

J. E. Hutchins, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68476 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward West

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 36 Hulliken st

Cause of Death, First (Primary), Chrlera Infantum

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, July 25/83

Undertaker D. J. Locke

Place of Business,

Geo. F. Penson M. D

Medical Attendant.

Address, On of State

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68477 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Minerva Battenfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Nine Months, Nine Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 180 North Washington Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, July 24th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Av

Wm H. Claudius M. D.,
Medical Attendant.

Address, No 102 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68478 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Boyton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 7 *Months,* —— *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 41 Myrtle av

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 1 Hour

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 24th /83

Undertaker Wm Corbett

Place of Business, 227 Hill St

Louis K Harn M. D.
Medical Attendant.

Address, 22 Mulberry cor Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68479 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander L. Knot.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 16 *Days.*

Color, Col —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, " — " "

Place of Death, {Give street and Number.} 188 E Howard

Cause of Death, First (Primary), Marasmus.

Second (Immediate), "

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Farnl Cemetery

Date of Burial, July 24 1883

Undertaker H Ross

Place of Business, 95 Eutaw St

D. A. O. Bell M. D.
Medical Attendant.

Address 161 E. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68480 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living here

Place of Death, {Give street and Number.} 206 West St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 37 days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial July 24 1883

Undertaker H Rossman

Place of Business, 95 Lowary St

A. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 08481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6848/ *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 / 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Hannah A. Clifford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 82 yeans

Place of Death, { Give street and Number. } 26 Pearl St

Cause of Death, First (Primary), Softening of the Brain 4

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 25/83

Edm'd F. Chichester M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8748 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68482 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23? 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo F. Smith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 189 W. Balto St.

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever.

Duration of Last Sickness, 19 days.

the above information should be furnished by the Physician

Place of Burial, Ft Alpheus Co.

Date of Burial, July 25.

Undertaker B. Mack

Place of Business, 52 West St *Address,* 152 Sharp St.

R. J. N. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Recorded

[OVER.]

No. 68483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68483 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 24 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23ed

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Klumph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 1 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Tinsman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 5 years

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} No 377 William st

Cause of Death, First (Primary), Cancer

Second (Immediate), Prostration

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C

Date of Burial, July 25

Undertaker B. Mark

Place of Business, 82 West St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 46 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo A McKenna

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Druid Hill ave & Union St

Cause of Death First, (Primary,) Gastro Enteritis

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 24th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

F. E. Shatard Jr M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68485 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Josephheck Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Married

Occupation Shoemaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and Number.} 16 Anthony St.

Cause of Death, First (Primary), Old Age.

Second (Immediate),

Duration of Last Sickness, 6 Months.

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet 6 mos

Date of Burial, July 25 1883

Undertaker John Henneri

Place of Business, 352 Orleans

W. L. Russell M. D

Medical Attendant.

Address, Cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

...sickness heard, Saturday of each week. No. 68486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68486 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEPARTMENT JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Found on Street (No name)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and Number. } 27 Chesnut al

Cause of Death. First (Primary), ...

Second (Immediate), Cholera Infantum

6 weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, July 23/1883

Undertaker Fred C. Kachaus

Place of Business, 150 S. Carroll Address,

Alexander Tinsley M. D.
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6848

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A. Decker

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 6 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md. Whole life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 23 Walker St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 24th

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw St

R. C. Smith M.D.,

Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Abell Greenwell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* four *Months,* thirteen *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 588 N. Baltimore St Baltimore

Duration of Residence in the City of Baltimore, 4 mos 13 Days

Place of Death, {Give street and number.} 588 N Baltimore St Baltimore

Cause of Death, First (Primary,) .....

Second (Immediate,) Inflamation of the Brain

Duration of Last Sickness, ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's C. B.

Date of Burial, July 25th 1883

Undertaker, Wm. Schultze

Place of Business, 530 W Fayette

F. H. Baden M. D.
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

301R

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Magruder Clark

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 178 Maryland ave

Cause of Death, First, (Primary,) Gastro - Enteritis

Second, (Immediate,) asthenia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, July 26/83

T. Barton Brune M. D.
Medical Attendant.

Undertaker, [illegible]
UNDERTAKERS.

Place of Business, 20 Park Ave.

Address, 365 W. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 68490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68490 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 394 Shank's Ln

Cause of Death, First (Primary), Teeth H Eat & Co

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 25th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross. *Address,* 146 Hanover St

Theodore Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6849[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68491 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

Date of Death, July 23/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pfleckenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 357 Dallas st

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week and a week

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, July 24/883

Undertaker, Henry Hoch

Place of Business, 309 N Eutaw st *Address,* 246 N Eutaw st

J. Adams M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68492 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE

Date of Death, July 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ethel Sarkide

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* 4 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 3 Retreat St Balto C.

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and Number.} #426 Mount St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem.

Date of Burial, July 24th/83

Undertaker, C. M. Bazzard

Place of Business, 198 Pinna Ave

A C Pole M. D., Medical Attendant.

Address, #1 North Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68493 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1893 BALTIMORE

Date of Death, July 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. H. Edwards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 28 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 77 Woodyear

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 77 Woodyear

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, western cem

Date of Burial, July 24

Undertaker, C W Blizzard

Place of Business, 197 Penn

G Wilson M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...issued Saturday of each ... No. 68494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68494 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Hranklin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~1 Year~~, 4 *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} No. 36 Stockton St.

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Leader Hill

Date of Burial, July 25

Undertaker C W Blizzard

Place of Business, 198 Monroe *Address,*

J. Bacon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Undertaker.

No 68495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68495 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Lu Seibert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 310 Hanover St

Cause of Death, First (Primary) Arthritis from Heart Dis

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 25 1883

Undertaker Geo Grimes, *Address,* 146 Hanover St

Place of Business, 3 & M. Ave

Thos Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 68496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68496 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 25 1883 BALTIMORE

Date of Death, July 23 – 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Judith Rose Ely

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 10 Jackson st.

Cause of Death, First (Primary), Teething

Second (Immediate), ...

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 25th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 3 N. Bond

P. G. Jewett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 68497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68497 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Fisher Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Travelling Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 73 ~~months~~ East Dodd St

Cause of Death, First (Primary), (Natural Causes - probably

Second (Immediate), Apoplexy -) 72 hours)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Long Long N.Y.

Date of Burial, July 24 1883

Undertaker John M Pay

Place of Business, X Fayette

Alexander Insley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

30/3

The Special Attenti… …pectfully Invited to the Remarks Below, and to List of Diseases on Pack of this Certificate.

Permit No. 68498

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John Thomas~~ ~~Elizabeth~~ Gooden

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 Monis al

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial. Loudon Cemetery

Date of Burial, July 25. 83.

Undertaker, A. H. Hemsley

Place of Business, 116 Mitchell St. *Address,* 307 Madison av

B B Browne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... e whence issued, Saturday of each week. ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68499 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Deibel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 8 Bank St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 25. 1883

Undertaker, M. A. Dauer

Place of Business, 44 S. Bway *Address,* .....

A Ellerbrock M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of Baltimore will make returns of all ...ce whence issued, Saturday of each week. No 6857

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6857 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Bath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 14 *Days,*

Color, Br.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 34 Arlington Ave

Cause of Death, First (Primary), ...

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 24 Hs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th

Undertaker Geo Schilling

Place of Business, ... *Address,* 30 E. Pratt St

C. W. Metz M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68507

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Talbott,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 243 Monroe St.

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate). Exhaustion

Duration of Last Sickness, Lifetime

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 25th

Undertaker H. C. Wiedefeld

Place of Business 90 Greenmount Ave

W. H. Robinson M. D.
Medical Attendant.

Address, 25½ Gunnell Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 68502

Board of Health, City of Baltimore,

Permit No. 68502

Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Frank & Caroline Dvorak

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 Hours ~~Days~~.

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 83 Stiles St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ...

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 24 1883

Undertaker J. Frey

Place of Business, 91 East Balto St

Geo. H. Bowen M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

{over}

...for Burials, to the ...

...day of each week No. 68503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68503 *Office of Registrar of Vital Statistics.* Ward 51

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Louisa Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* — *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 153 Forest Ave

Cause of Death, First, (Primary,) Measels

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cem

Date of Burial, July 25/83

Undertaker, Kyle

Place of Business, 81 N Broadway

S. A. Hunter M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 68504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68504 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Morton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 23 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 61 N. Durham st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent (Cem.)

Date of Burial, July 26 83

Undertaker Frye Bro

Place of Business, 816 Broadway

P. L. Daniel M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 68585

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68585 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 25 1883 BALTIMORE

Date of Death, July 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Virginia Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, ((C))

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 32 S. ~~ St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Heart failure

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Public Cem

Date of Burial, July 25/83

Undertaker G Rinehart

Place of Business, City Hall

John McCormac M. D.
Medical Attendant.

Address, 2 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6850

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 68506 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 25 1883 BALTIMORE

Date of Death, July 24th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie A Young

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 84 E Lombard near

Cause of Death, First (Primary), Dysentery.

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Green Mt Cemetery

Date of Burial, July 25th 1883

Undertaker Thos S Hughes

Place of Business, 60 E Balto

J A Young M. D.
Medical Attendant.

Address, 76 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68509 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1883 HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th - 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Simpson -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,* 7

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} St. Vincents Infant asylum -

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 25/83,

Undertaker, Mc Veagh -

Place of Business, Division & Fayette *Address,* Hanover av. Calhoun

R. H. Goldsmith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and ~~condition~~ (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

turday of each week. 8 2 0 6 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68508 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended deceased during a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 25 1883 BALTIMORE

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ruth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 19 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1826 Burgundy Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1883

Undertaker, John J. Meeker

Place of Business, No 151 Gordon

A. Wolf Colburn M. D.,
Medical Attendant.

Address, 345 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68579 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 25 1883 BALTIMORE

Date of Death, July 25th 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie May Bourke

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months.* ——— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and Number.} 71 S Gilmor St.

Cause of Death. First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness. 9 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 25th 1883

Undertaker John S. Mackey

Place of Business, Penna Ave *Address,* 76 Pratt St

J H Cluney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK S'A

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68570 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* one *Months,* 3 *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, one month & 3 days

Place of Death, {Give street and Number.} 16 Walsh St.

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 25th 1883

~~*Undertaker*~~, Daniel Donnally

Place of Business,

J. O'Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68571 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Leo Laird

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 15 Dallas

Cause of Death, First (Primary), Unknown Etiology

Second (Immediate), Convulsions 2 days

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 23 83

Undertaker B Hart

Place of Business, ...

A. N. Dodge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68512 *Office of Registrar of Vital Statistics.* Ward 14/18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1883 HEALTH DEPT. BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Araminetta Caroline Wilson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 71 *Years,* — *Months,* — *Days,*

Color, c

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and Number.} 214 Hanover St.

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Enteritis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25

Undertaker A Ross

Place of Business, Wilkins Ave

W. C. Sandrock M. D.
Medical Attendant.

Address, 229 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68573 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Stadtman Lorinske

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} child

Occupation child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 70 Harrison St

Cause of Death, First (Primary).

Second (Immediate). dentition

Duration of Last Sickness, three week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

A Trapp Shortzer M. D.
Medical Attendant.

Address, 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68574 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 25 1893 BALTIMORE.

Date of Death, July 24th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rozmark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 10 M. *Months,* — *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 2 Thames st

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 25

Undertaker, H Leipper

Place of Business,

L O Whiteman M. D.,
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Board of Health, City of Baltimore,

Permit No. 68675 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 25 1883 BALTIMORE

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fregie Peel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 2 Thames st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, July 25

Undertaker, J H Stephenson

Place of Business,

L O Whitehead M. D.,
Medical Attendant.
Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68516 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 25 1883 BALTIMORE.

Date of Death, July 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Beirbower.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 92 Barre St.

Cause of Death, First (Primary). Paraplegia.

Second (Immediate). Exhaustion

Duration of Last Sickness, Several years.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 26 83

Undertaker Smith & Son

Place of Business. 163 Lafft Address, 152 Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68519 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Parsons

Sex, Male ~~or Female~~, {Cross out the word not required, in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} Fredericks Wharf - East of Hughes

Cause of Death, First (Primary). Accidental drowning

Second (Immediate). "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westwood

Date of Burial, July 25

Undertaker B. McCann

Place of Business, 82 West Pt

F. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68678 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wambaugh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and Number.} 57 N. Amity St

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Londen Park Cy

Date of Burial, July 25/83

Undertaker J. B. Cook

Place of Business, 207 W. Balto. St *Address,* Corner

Alexander Finley M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68519 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty Years.

Place of Death, {Give street and Number.} # 408 W. Lombard St

Cause of Death, First (Primary),

Second (Immediate) Cancer of breast

Duration of Last Sickness, Seven 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 25th 1883

Undertaker Jos. B. Cook

Place of Business, 707 W. Balto St

H. L. Lucas M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 68520 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Elizabeth Hartman
Inman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 51 South Poppleton

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Cerebral disturbance (no convulsions)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 26th

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 50 N Green St

W. F. Kemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 6852 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Logan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Young Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 106 S. Exeter St.

Cause of Death, First (Primary), Suppression of Menses

Second (Immediate), Anasarca

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 27 1883

Undertaker Jas O'Byrne

Place of Business, 63 Hanover

A Strassheimer M. D.
Medical Attendant.

Address, 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore, 20

Permit No. 68522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Agnew

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Carrollton Ave & Lafayette Sq

Cause of Death, {First (Primary,) Rabies

{Second (Immediate,) "

Duration of Last Sickness, 1 Feb. 18 Mo. 11 Da.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem.

Date of Burial, July 27 "1884

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Address, 108 Park Ave

F. Donaldson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68523 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Moyer St.

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Cem. of the Most Holy Redeemer

Date of Burial. July 26th 1883

Undertaker, H. Kreuler

Place of Business, 244 E. Lombard St. *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 68524 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Stohn

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 59 Years

Place of Death. {Give street and Number.} 11 Christie Alley

Cause of Death. First (Primary),

Second (Immediate). Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lt Alphonsus Cemty

Date of Burial, July 26/83

Undertaker B Hale

Place of Business,

Geo. R. Dorsey M. D.

~~Medical Attendant~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68526 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Riley

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 2 *Years,* 6 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 16 Aisquith Court

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Diarrhea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 26 1883

Undertaker, C. H. Krause

Place of Business, 709 Hanover

A. N. [illegible] M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 98526 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 104 E. Chase St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Matthews County

Date of Burial, 25th July 1883

Theo Sloan M. D.

Medical Attendant.

Undertaker Harry Johnson

Place of Business, [illegible] *Address,* 1 E Corner Fayette & Gay Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 68527 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida V Davis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 21 *Days.*

Color, w

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 Carlton St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Dept to Leave

Date of Burial, July 25 1883

Undertaker W N Dungee

Place of Business, Hooker Alley

Wm F. Swan M. D.
Medical Attendant.

Address 1 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 68528 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Gottfried Ley,

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 171 N. Wash. St.

Cause of Death, First (Primary). Pertussis

Second (Immediate). Meningitis

Duration of Last Sickness, Three Weeks

the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, July 25th 83

Undertaker G. Franck

Place of Business, Bank & Wolfe Address, Balt. & Wash. Sts.

G. Glanville, Ken. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68529 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Trick

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 37 *Years,* 3 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, House-Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 74 Aisquith St.

Cause of Death, First, (Primary,) Phthisis pulmonum

Second, (Immediate,)

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th 1883

Undertaker, Fred Gaede

Place of Business, #29 S. Caroline

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68530 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Horace Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 242 Preston st nr Penn. Ave -

Cause of Death, First, (Primary,) Brights Disease Jrt to Drugs

Second, (Immediate,) .....

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial Mt Hope Balto Co

Date of Burial. July 26 83

Undertaker, A. J. Hemsley

Place of Business, 114 orchard st

C. F. Bevan. M. D.,
Medical Attendant.

Address, Linden Ave 241

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 68531 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 25th " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Maude Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 4 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 77 Morton St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) "

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Thursday July 26

Undertaker, Chas F Denver

Place of Business, 271 N Eden

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 68632 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lomax

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 210 Penn St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), "

Duration of Last Sickness, 15 days

the above Information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, July 25/83

Undertaker Hercules Ross

Place of Business, 95 Conway St

Jos. A. Dennis M. D.
Medical Attendant.

Address City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68533 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24/1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie H. Walter

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months.* 8 *Days;*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Tyrone Penn.

Duration of Residence in the City of Baltimore, About 5 months.

Place of Death, {Give street and Number.} 19 Valley St.

Cause of Death. First (Primary), Heart Disease

Second (Immediate), Edema Pulmonum

Duration of Last Sickness, About two mos.

the above information should be furnished by the Physician.

Place of Burial, Cumberland P. A.

Date of Burial, July 26th 1883

Undertaker John J. Andrews

Place of Business 1064 & 6 Druid Hill Ave. *Address,* 1917 Gilmor St.

L. L. Robertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68534 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frieda Heineman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence ~~in~~ the City of Baltimore, all life

Place of Death, {Give street and Number.} Canal Ave 18

Cause of Death, First (Primary). Brainfever

Second (Immediate). Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 26 July 1883

Undertaker J. F. Evans & Co

Place of Business, 538 W. Fayette *Address,* 224 W. Fayette St.

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

14

Permit No. 68535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Edwd Lee Hobbs.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ~~Years~~, 2 *Months,* 12 *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 2 months 12 days

Place of Death, {Give street and number.} No 82 Booth St.

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26

Undertaker, Walter Immel

Place of Business, 315 W Biddle St.

Edward M. Gree M. D.
Medical Attendant.

Address 199 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68536 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B. G. McNutt

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White -

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single ✓

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Princeton Va

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and Number.} University Hospital

Cause of Death First (Primary), Chronic Rheumatism

Second (Immediate). Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem'y.

Date of Burial, July 25/83

Undertaker Thos A Lechner

Place of Business, 150 S. Carrollton Ave.

Ralph Stuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 68537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pinkey C. Haynes

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 39 - Richmond Court

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, several Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem-

Date of Burial, July 26 1883

Undertaker, Wm Madden

Place of Business, 76 Eastern

C B Gamble *M.D.,*
Medical Attendant.

Address, 5 Gilmor

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68338 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 30 *Years,* — *Months,* — *Days,*

Color, (Col'd)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and now long in the United States, if of foreign birth.} St. Marys County, Md.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and Number.} 89 N. Spring St.

Cause of Death, First, (Primary,) Ascites Abdominalis

Second, (Immediate,) Heart failure

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26th 1883

Undertaker, J. J. Fuchs

Place of Business, 73 Jefferson

John H. Inman M. D.,
Medical Attendant.

Address, N. E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68539 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Eberle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 407 So Sharp St

Cause of Death,
First (Primary),
Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 26th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Pratt Sts. *Address,* 407 So. Sharp St

J. L. [illegible] M. D.
Medical Attendant.

Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68570 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUL 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Flower

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 08 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Rocking Horses

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } N E Cor Biddle & Washington Sts

Cause of Death, First (Primary). Softening of the Brain

Second (Immediate). Paralysis

Duration of Last Sickness. One (1) Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 27/83

Undertaker Peter Frey

Place of Business,

S. W. Slow M. D.
Medical Attendant.

Address, E Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary G. Devorsee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, Blk *Sex,* F.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 4 Patriot alley

Cause of Death, { First (Primary,) Marasmus — Second (Immediate,) Convulsions

Duration of Last Sickness, Life-long

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1883

Undertaker, Wm N. Dugan

Place of Business, No 62 East Pr

J. L. Ryle M. D.
Medical Attendant.

Address 247 Lowndes st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 68542 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard & Hannie Dunn Parents

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1 *Day,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 545 China Alley

Cause of Death, First (Primary), ——

Second (Immediate) Premature Birth

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Shark & Lamb

Date of Burial, July 26/83

Undertaker H. Rose

Place of Business, ——

Geo. R. Dawson M. D.
Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68543. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh McCoy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 95 York st

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 8 Months

All the above Info mation should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 27th 1880

Undertaker C. R. Knauer

Place of Business, 209 Hanover *Address,* 116 Hanover st

Medical Attendant. Thos Cole M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68544 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustof C. Bichtell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 101 E Lombard

Cause of Death, First (Primary), Scarlet Fever,

Second (Immediate), Gastritis

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 26 1883 Geo. B. Lynch M. D.

Medical Attendant.

Undertaker John Kenney

Place of Business, 382 Calvert *Address,* 171 N Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 M. A. M. 26th July 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of H R Mustin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ Years, ____ Months, a few ~~or~~ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 262 Aisquith St Baltimore, Maryland.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 262 Aisquith St Baltimore, Maryland.

Cause of Death, {~~First, (Primary.)~~} Was small & delicate and only ran
{~~Second, (Immediate.)~~} Eight Minutes Intus - Gave 2 or 3 gasps & died.

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 26th - 2 Oclock

Undertaker, E. A. Carman

Place of Business, 38 Eutaw St

Wm. I. Nash M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 68546

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Rawlings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.* 1

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 6 Vincent Alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Inanition

Duration of Last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 26 83

Undertaker, A & Hensley

Place of Business, ...

Edwin Dall M.D.,
Medical Attendant.

Address, 317 Mosher st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6854 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 26 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Nickolas Miener

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *8 Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 195 S Washington St,

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), accompanied by Difficult Dentition & Diarhoea

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial St Paul's Cem.

Date of Burial, July 26th 1883

Undertaker H. Sauer & Son

Place of Business, 252 Eastern Av

Wm A Keener M. D.
Medical Attendant.

Address, 1143 Alice Anna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68548 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 Park Ave.

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, Two weeks.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 26th 1883

Louis H. Knight M. D.

Medical Attendant.

Undertaker Jno R McCoy

Place of Business, Fayette St *Address,* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68579 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Effie Guy Wasserman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six (6) *Years,* *Months,* *Days,*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and Number.} 114 Mulberry St

Cause of Death, First (Primary), Scald

Second (Immediate), Shock

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Cedar Grove~~ Richmond Va

Date of Burial, July 26th 1883

Undertaker A Rosenbergen

Place of Business, 70 Mulberry

J. W. Blower M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3015 [over.]

Board of Health, City of Baltimore.

Permit No. 68570 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Eichley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and Number.} S. E. Cor Gilmor St & Edmondson Ave

Cause of Death,
First (Primary), Fatty Degeneration of the Heart
Second (Immediate). Dilatation of the Heart

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Govans town

Date of Burial, July 27 th

Theodore Cotte M. D.
Medical Attendant.

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6855 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th : 5:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 5 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington road

Cause of death, First, (Primary,) Cholera - Morbus.

Second, (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co,

Date of Burial, July 27

Undertaker, B. Heuck

Place of Business, 42 West ft

Thos. Alderdice M. D.,

Medical Attendant.

Address, Cor Columbia ave & Frem st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68552 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Gorman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 Price St

Cause of Death, First (Primary), diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 26 1883

Undertaker [illegible]

Place of Business, [illegible]

James Bosley M. D.
Medical Attendant.

Address, 319 Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6833

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ July 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elysia E. Richmond

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21. *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lady.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 883 N. Bath St.

Cause of Death, { First, (Primary,) Bright's Disease. Second, (Immediate,) Uraemia.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Dr. Bath

Date of Burial, July 27, 83

Undertaker, Wattley Bath

Place of Business, 2-27 [illegible]

Herman Hilb M. D.,
Medical Attendant.

Address, 17 N. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68554 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 26 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Norburg

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 10 – Dal – Ave

Cause of Death, { First (Primary), Premature Labor

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, July 26th "

Undertaker Wm. Rohde

Place of Business, 48 Penn. ave.

J H D Hunt M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 18555 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Son of Wm & Mary Brennan

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ Months, 3 days ~~Days.~~

Color, White

~~Married, Single,~~ Widow or Widower, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 145 Camp St

Cause of Death, First (Primary), Convulsions

Second (Immediate)

~~Duration of Last Sickness,~~

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 27th 1883

Undertaker Wm Tracy & Son

Place of Business, 263 Light St

Geo. H. Bunn M. D.

~~Medical Attendant.~~

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68556 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Jackson

HEALTH DEPT. JUL 1883 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, Colrd

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sails Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} Basin - foot West Fraeyon

Cause of Death, First (Primary).

Second (Immediate). Dysuria 2

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore Cemetery

Date of Burial, July 24/83

Undertaker Geo Rinehart

Place of Business,

Alexander Tinsley M. D.

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6855 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Koch

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 9 N. Chapel st.

Cause of Death, First (Primary). Rubeola

Second (Immediate). Pneumonia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 27th 83

Undertaker G. Francis

Place of Business, Pant & Wash Ave *Address,* 3 N. Bond

G. L. Daud, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68135 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 93.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William T. Baker

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 35-2 Cross.

Cause of Death, First (Primary), ...

Second (Immediate), Tresmus Nascenum

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, July 28th.

Undertaker F. N. Troll

Place of Business, 131 Hanover *Address,* 152 Sharp

R. J. H. Lail M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68559 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gassmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* — *Months,* / *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 110 E. Madison St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 27th 1883. Silas H Hanlon M. D.,

Medical Attendant.

Undertaker, Adam Finck

Place of Business, 461 W. Fayette Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68560 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 27 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26: 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa M. Whittier

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* 3 *Months,* 3 weeks *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 251 N Eden St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, Eight Months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28th

Undertaker Geo Schilling

Place of Business, ...

James E Donnelly M. D.
Medical Attendant.

Address, 297 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68561 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sally Sydings

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 3 Hours *Days,*

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No. 223 N. Gallows St.

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 27th 1883

Undertaker, Jos Sydings

Place of Business, ... *Address,* .....

Jno H Cordish, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68562 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Ernst

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 1 *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 7 N. Poppleton

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, July 27 1883

Undertaker, C. H. Krouse

Place of Business, —

A. Bokelman M. D.,
Medical Attendant.

Address, 343 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68563 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL. 27, 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Everald Bruns

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 1 Lexington Court

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate), Diarrhoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, July 27 1883

Undertaker Henry Hoeck

Place of Business, 3 Reg. N. Central Ave *Address,*

, *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68564 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or stranger, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 - 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sheppock

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 269 William St

Cause of Death. First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, 1 Week.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28

Undertaker Ernst Schloman

Place of Business, 200 Sharp.

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St

Recorded

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68565 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Dashiell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and Number.} 97 Warren St

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 6 - Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 27

Undertaker H Ross

Place of Business, 95 Conway St

Richard [illegible] M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68576 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. W. Hack Wacrn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 43 Cookie St.

Cause of Death, First (Primary), Entero-colitis

Second (Immediate). Asthenia

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 30th 83

Undertaker J. H. C. Schmidt

Place of Business, 245 Main Ave. *Address,* 170 N. Eden St.

Wm Gould *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6856 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Weihe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 20 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Bartender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 4 Yrs.

Place of Death, {Give street and Number.} Ferry Bar - Patapsco River

Cause of Death, First (Primary). Accidental Drowning

Second (Immediate). " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pat. Cemetery

Date of Burial, July 25 1883

Undertaker Fred C. Kerchner

Place of Business, 505 S. Carrollton Ave

L. A. Bell M. D.

~~Medical Attendant~~ Coroner 2d Dist

Address, 161 E. Shank's Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68568 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Penn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* Fourteen *Days.*

Color, Black

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. Parish Alley.

Cause of death, First, (Primary,) ———

Second, (Immediate,) Phthisis

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemty

Date of Burial, July 25/1883

Undertaker, Fred C. Teschner

Place of Business, 505 Carollton

H. Hoffman M. D., Medical Attendant.

Address, 330. Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6 8569 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Steamdore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 24 Perry Street

Cause of Death, First, (Primary.) Dyspepsia & Enlargement of the heart

Second, (Immediate,) Exhaustion from illness & pneumonia first

Duration of Last Sickness, 2 weeks & on last Saturday July 21st 1883

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1883 E. D. Neily M. D.

Medical Attendant.

Undertaker, D. H. Chase & *Address* 195 East Baltimore St

Place of Business, 195 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6857

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca A. Johnson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 47 Chase St,

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years,

the above info mation should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 26th 1883

Undertaker S. W. Chase

Place of Business, 198 S. Howard *Address,*

A. J. Dodge *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6857 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Davy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa. 50 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 564 West Lexington St.

Cause of death, First, (Primary,) Old age

Second, (Immediate,) 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 28" 1883

Undertaker, Denny & Mitchell

Place of Business, 556 W. Fayette st

Raymond Torrey M. D., Medical Attendant.

Address, 36 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6857 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Thompson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* ——— *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 223 Light St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 27th

Undertaker Chas J Sexton

Place of Business, 271 Eastern Ave *Address,* Lexington St

L M Eastman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68573 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Anna Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 4 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 26

Place of Death, {Give street and Number.} 282 Canton Ave

Cause of Death, First (Primary), Inflamation of Liver. Jaundice

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 28th 83

Undertaker Wesley Sayre & Son

Place of Business, 252 Canton Ave *Address,* 253 Canton Ave

H. V. Ebaugh, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68574 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Franklin

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 166 S. Chapel St.

Cause of Death. First (Primary), Scarlatina anginosa

Second (Immediate).

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church

Date of Burial, July 28th 83

R. W. Mansfield M. D.
Medical Attendant.

Undertaker Henry Singer & Son

Place of Business, 252 Canton Av *Address,* 117 1/2 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No 68575 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Fischer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 27 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 184 Hamburg St.

Cause of Death, First (Primary), Cholera infantum

Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28

Undertaker Henry Price

Place of Business, Fennyaw St 81

Wm Gambel *M. D.*
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68576 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th. 1883

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Baby) Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 17 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor. Cathedral St. & Camel Al.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Convulsions

Duration of Last Sickness, About 12 days. (Saw child once day before death)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 27th 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6857 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Burgess

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ One *Months.* 14 *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} W. 1 George St. al.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and Number.} W. 1 George St. al.

Cause of Death. First (Primary), Cholera Infantum.

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 27/83 F. B. Grahame M. D.

Medical Attendant.

Undertaker Alex Wenstz

Place of Business, 116 Mechanic *Address,* 204 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6858 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thurlspeer Bowersox

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 2 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 236 Pearce St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 236 Pearce St

Cause of Death, First (Primary), Malona

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 28th 1883

Undertaker Wm. H. Weaver

Place of Business, No 202 N. Eutaw *Address,* 186 Myrtle Ave

C. H. Greer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Alentough

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 3 months *Months,* ..... *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 268 N. Washington

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 27th 1883

Undertaker, Henry V. Mears

Place of Business, 145 N. Gay St. *Address,* 242 N. Broadway

T. J. Timms *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 68580 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace V. Nicholls

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 189 S Bond St.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, July 27

Undertaker Geo Leipzel

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6858 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Depmeister

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 66 N. Holy

Cause of Death, First (Primary). Cholera nostras

Second (Immediate). Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Pernal

Date of Burial, July 27th

Undertaker M. Dolan

Place of Business,

F Mathieu M. D.
Medical Attendant.

Address, 24 S. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6855 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Neal

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1 y 3 d St between Eden & Lond

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, July 29th 83

Undertaker G. Frank

Place of Business, Bank & Wolfe *Address,* 22 Light

R. K. Mudd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68683 *Office of Registrar of Vital Statistics.* **Ward** [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hughes

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months.* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 7 mo

Place of Death. {Give street and Number.} 105 E Madison Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), [illegible]

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, July 27th 83

Undertaker G. F. France

Place of Business, Franks & Wolfe *Address,* [illegible]

Medical Attendant, [illegible] M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68584 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Virginia Deacon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 11 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 33 Hanford Ave,

Cause of Death, First (Primary), Dentition

Second (Immediate), Congestion of Brain,

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, July 28/83

Undertaker Wm G Rodemyer,

Place of Business, ...

D. N. Lauff M. D.
Medical Attendant.

Address, Charles & North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6858 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 25th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hebron

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days,

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and Number.} 400. West St.

Cause of Death, First (Primary). Muco-diarrhea

Second (Immediate). Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, July 27/83

Undertaker Jacob Dawn

Place of Business, 103 (cc St

J. D. Iler M. D.
Medical Attendant.

Address, 146. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Parsons

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 98 Oak St

Cause of Death { First, (Primary,) Eclampsia
Second, (Immediate,) 2 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baptist Church Balto

Date of Burial, July 28th

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw

Wm. E. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6838 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanni Nymon

Sex, Male or Female. { Cross out the word not required in this line. } Female

Age, 95 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and Number. } 226 E. Biddle st.

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above info mation should be furnished by the Physician.

Place of Burial, Lorraine Park

Date of Burial, July 28th-1883

Undertaker J. H. McCoy

Place of Business, 22 W Fayette st

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 18588 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Campbell

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 204 E Eager

Cause of Death, First, (Primary,) taking Hg Chlor Cor

Second, (Immediate,) Uremia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Saturday July 28th 83.

Undertaker, J. H. Wiedemann

Place of Business, 1 Lib.

D. V. Mayer M. D.,
Medical Attendant.

Address, 192 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68589 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Carbonell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days,* 0

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation Dyer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Danvers Mass.

Duration of Residence in the City of Baltimore, Sixty two (62) Years

Place of Death, { Give street and Number. } 826 N. Bond St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Nervous Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, July 28/83

Undertaker J. L. McCloy

Place of Business, 22 W Fayette St *Address,* 307 N. Gilmor St

D. L. Steiner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 68590

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilia A. Joy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20yrs.

Place of Death, {Give street and number.} 134 east Townsend

Cause of Death, First, (Primary.) Acute entero.colitis

Second, (Immediate.) Collapse

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cy

Date of Burial, July 27/83

Undertaker,

Place of Business, STEWART & HOWER UNDERTAKERS, 32 Park Ave.

Reggie Buckler M.D.,

Medical Attendant.

Address, 135 n Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6859 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Fowler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 236 William St.

Cause of Death, First (Primary), ...

Second (Immediate). Cholera Infantum.

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 29th 1883

Undertaker Wm J Healy

Place of Business, ...

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6852 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert W Emil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} & Payson st

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 28th

Undertaker John P. Pauler

Place of Business #66 Fred. Ave *Address,* W Fayette st

C. C. McDowell M. D.

Medical Attendant 13

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68593 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christina Snyder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* 9 *Months,* *Days,*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, { Give street and Number. } 19 N Washington St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), 3d

Duration of Last Sickness, Sudden Death

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 29th 1883

Undertaker John C. Schulz

Place of Business, 265 Alice Anne St *Residence,* 67 E Balto St

C. M. Nott M. D.
Coroner's Physician
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 68394 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th at 10 o'clock, A.M.,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lanker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Four *Months,* Seven *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} # 468 West street.

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 14 Days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, July 29

Undertaker, B. Myers

Place of Business, 51 West 14

Wm. H. Alderdice, M. D.,
Medical Attendant.

Address, Cor Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68595 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th July, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs: Sidney Kerr

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female.

Age, 71 *Years,* 9 *Months,* 2 *Days,*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co, Md.

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give street and Number.} 88 North Paca St.

Cause of Death, First (Primary), Subacute Inflam: Stom: + Bowels

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 29th 1883

Undertaker F. Lewis Schaefer

Place of Business, 159 N Fremont *Address,* Fayette + Fremont Sts.

R. W. Lettell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68596 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie May Knell

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 52 S Parrish st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Tuesday, R

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 28th 1883

Undertaker Thos L. Haus

Place of Business 317 Mulberry St *Address,* 319 Aisquith

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That when any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68597 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Baltimore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 10 27 Eden St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Emerly

Date of Burial, July 30th

Undertaker Coolahan & Evans

Place of Business, Iron Valley & Cager *Address,* Gay St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore,

Permit No. 6878 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Virginia Offley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~ *Years,* 1 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Wilmington Delaware

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and Number. } 1 Aisquith St

Cause of Death, First, (Primary,) Heat prostration

Second, (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Woods Cemetery

Date of Burial, July 28 1883

Undertaker, John Jake

Place of Business, 166 E Balto St

R W Cattell M. D., Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Van Dyke

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, About 60 *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number} No 1 Cross alley

Cause of Death First, (Primary,) Dysentery —

Second, (Immediate,) Exhaustion and old age

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, July 29th 1883

Undertaker, M. J. Jordan

Place of Business, 63 Park Ave.

H Boyd Wylie M. D.
Medical Attendant.

Address, 108 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 6800 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza J. Eppler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 131 Valley St

Cause of Death, First, (Primary,) Cancer of Uterus

Second, (Immediate,) " " " + Blood poisoning

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial Trap Road

Date of Burial, July 28. 1883

Undertaker, Ed Lothian Evans

Place of Business, Valley & Eager

I. B. B. Browne M. D.,
Medical Attendant.

Address. 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 6860 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Hueg.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 92 N Carey St

Cause of death, First, (Primary,) Not known.

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, May 28 83

Undertaker, Dennis & Mitchell

Place of Business, ...

Chas. L. Knight M. D.,
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68602 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

68602

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Hunt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 11 *Months,* *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Lancaster Co Pennsylvania

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 62 S. Washington

Cause of Death, First, (Primary,) Rheumatism Heart & Kidneys both involved well marked Albuminuria

Second, (Immediate,) Dropsy

Duration of Last Sickness, Sip Months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, July 28, 1883

Undertaker, M. A. Dauer

Place of Business, 74 S. Bway,

E. C. Baldwin M. D.,
Medical Attendant.

Address 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 68603 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Howard Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1m 10d *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 30 Short St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Convulsions

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28 1883

Undertaker J J Lock

Place of Business, 473 Jefferson *Address,* .....

T. A. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68604 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July - 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Rokosky

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 19 *Months,* 2 5 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and Number. } No 6 n Castle St

Cause of Death, First, (Primary) Morbilli followed by Enteritis.

Second, (Immediate,) Inanition

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Elizabeths Cemetery

Date of Burial, July 29 1883

Undertaker, John Kenney

Place of Business, 382 Orleans St *Address,* 285 E Biddle

B. F. Grove M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68605 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Boettger

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 245 Lemmon av.

Cause of Death, First (Primary), Dentition ✓

Second (Immediate),

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, July 28. 1883

Undertaker H. Sanders Jun

Place of Business, 252 Center St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68606 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 28/83.

HEALTH DEPT. JUL 29 1883 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Leonard

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 14 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 29/83

Undertaker, McVeagh

Place of Business Division & Fulton

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Holliday & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore.

Permit No. 18607 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dyson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Seven Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary Co Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and Number.} No 49 Camels Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 3 hrs. 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 28th 1883

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

Wm Woolridge M. D.
Medical Attendant.
Co- Dr. Wm Lee.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Dingeldein

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 7 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} S. Eastle Str. 84.

Cause of Death, First, (Primary.) } Atrophia Infantum
Second, (Immediate.) }

Duration of Last Sickness, was born sick.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 29 July.

Undertaker, H Bein

Place of Business, 353 Hanover

C. H. Pilk M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No 18109 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

Date of Death, July 28 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 *Years,* 1 *Months;* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, { Give street and Number. } 740 W. Pratt St

Cause of Death, First, (Primary,) Pulmonary con-

Second, (Immediate,) sumption

Duration of Last Sickness, a year & 2 mos more

All the above information should be furnished by the Physician.

Place of Burial. Gilford Balto Co.

Date of Burial. July 29/83

Undertaker, JOSEPH B. COOK.

Place of Business, Undertaker &c

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins St.

JOSEPH B. COOK
UNDERTAKER
207 W. BALTIMORE ST.
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3617 Druid

Board of Health, City of Baltimore,

Permit No. 48619

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

Date of Death, July 27/83 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Daily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 531 W. Fayette St.

Cause of Death, First, (Primary.) Cholera Infantum -

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem.

Date of Burial, July 29, 1883

Undertaker, Wm H Hickman

Place of Business, 234 W Bay St

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Hadenwr. Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18111

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1883 BALTIMORE

Date of Death, Friday July 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie E. Harvey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years.* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 97 Hillen St

Cause of Death, First, (Primary.) Acute Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 29th 1883

Undertaker, Henry W. Frears

Place of Business, 46 N Gay St

E. Abbott M.D.,

Medical Attendant.

Address, 57 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68612 *Office of Registrar of Vital Statistics.* Ward 2n

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Prasch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 23 *Years,* 5 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation Jeweler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltv. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 175 S. Madeira Alley

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 30

Undertaker

Place of Business,

P. S. Dausch M. D.
Medical Attendant.

Address, 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68613. *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellinghause

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs Since Birth

Place of Death, { Give street and Number. } 5122 Druid Hill Ave

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 29

Undertaker H Lippel

Place of Business,

J. Schaffer M. D.
Medical Attendant.

Address, 1604 Druid

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68614 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 26 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luiguda Hupfer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 47 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 349 E. Fayette st

Cause of Death, First (Primary), typhoid malarial fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, July 29

Undertaker Dyer

Place of Business,

P. L. Davis M. D.
Medical Attendant.

Address, 3 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No 68613 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Koschmalzkie

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, One *Years,* 9 *Months,* *Days.*

Color, N.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburgh

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 40 Chapel

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Asthenia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 28

Undertaker

Place of Business, *Address,* 77 do Bradley

J. L. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUL 1883 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th; 6:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Louisa Ida Zieget

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, —— *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 135 E. Fremont St

Cause of death, First, (Primary,) Cholera-infantum

Second, (Immediate,)

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 30/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

707 W. BALTIMORE ST.

Medical Attendant.

Address, Cor. Columbia Ave & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6861 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Thomas Stevens

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 yrs 3 mos.

Place of Death, {Give street and Number.} No 181 Vine Str.

Cause of Death, First (Primary),

Second (Immediate). Dysentery

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Interred at

Date of Burial, July 29th

Undertaker

Place of Business, Address, 616 W. Balto. Str

B. S. Tilcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6868 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 Years, 9 Months, Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 114. Hill St

Cause of Death, First (Primary). Spinal = meningitis

Second (Immediate). Convulsions et Asphyxia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29.

Undertaker H Ross

Place of Business, 95 Monroe St.

I. D. Ives M. D.

Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 68619 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883 – 12 o'clock M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hunard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, —— *Years,* Seven *Months,* —— *Days.*

Color, White –

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 161 Dover St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 29th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* N. Columbia Ave Rear 22

Chas Goldsborough, *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate

Board of Health, City of Baltimore,

Permit No. 6820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 29 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Deboer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 16 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 291 East Canton Av.

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Gastromalacia.

Duration of last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Sot Pauls Cemetery

Date of Burial, July 29th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Robert Smith M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6862 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 29 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wehrhahn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} 125 W Madison St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 125 W Madison St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3d. about Three weeks

All the above information should be furnished by the Physician.

Place of Burial Balto. Cem.

Date of Burial. July 30.

Undertaker, John Deufel.

Place of Business, 796 W. Balto. St.

W. D. Booker M. D.,
Medical Attendant.

Address, 152 W Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6862 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Frohlich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} No 1 Wagner Alley

Cause of Death, First (Primary) Cholera Infantum

Second (Immediate) Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 30, 1883

Undertaker Henry Hoch

Place of Business, 309 Central Ave

Wm. Schier M. D.
Medical Attendant.

Address, East Eager cor Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pettebone

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Real Estate Broker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co; Md

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number} 124 Harlem Ave

Cause of Death { First, (Primary.) Stricture Urethral
Second, (Immediate,) Uraemia

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, July 30th 1883

Undertaker, A. E. Gallagher & Co

Place of Business, 320 Lemmon Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 6827 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orlando Rules

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 175 S. Dallas St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29th 1883 July

Undertaker, Geo W Perkins

Place of Business, 217 Hanover St

Whitefield Winsey M. D.,
Medical Attendant.

Address, 11 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68625 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

68625

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Tinker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 175 Stirling St

Cause of Death, First, (Primary,) Double Pneumonia sec. of Measles

Second, (Immediate,)

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, July 30th

Undertaker, H. C. Whitefield

Place of Business, 90 Drummond Ave *Address,* Cor Eden & Biddle Sts

E. B. Tenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68626 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie E. Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 33 Stockton Ave

Cause of Death, First (Primary), Cerebro Meningitis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 30

Undertaker Walter Smith

Place of Business, 315 W. Biddle *Address,*

W H J Howard *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6827 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Scott

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 2 *Months.* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} S Green

Duration of Residence in the City of Baltimore, ~~born~~ 1 yr

Place of Death, {Give street and Number.} 102 Little Green St

Cause of Death, First (Primary), Diarrhea

Second (Immediate), ...

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, H. Cedar Cemetery

Date of Burial, July 29th 1883

Undertaker Wm L Mackie

Place of Business, No 150 Camden

J. O'Mourey M. D.
Medical Attendant.

Address, 762 Pacaet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6[illegible]

Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

68628 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burke

~~*Sex, Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} 85 York St

Cause of Death, First, (Primary,)

Second, (Immediate.) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, July 29th '83

Undertaker, E. J. Krause

Place of Business, 30 Hanover

Chas. O'Donovan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6862 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28/83-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Libbie E Cary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No. 36 Penna Avenue

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, Ten (10) days

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 29th/83

Undertaker E H Krause

Place of Business,

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 6 3 0 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M Scythe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Sempstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 St Paul St

Cause of Death, First (Primary,) Disease of Spine

Second (Immediate,)

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

~~Date~~ Place of Burial, July 29th 1883

~~Place~~ Date of Burial, Laurel Cemetery

Undertaker, Wm H Bishop Jr.

Place of Business, 97 N. Stricker

L M Lane J Hany M. D.
Medical Attendant

Address 137 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 68631 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Hamm

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 *Years,* 9 *Months,* 14 *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation Tayler

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years.

Place of Death. { Give street and Number. } 95 N. Eutaw St

Cause of Death, First (Primary), Cancer of Stomach & Liver

Second (Immediate), Dropsy

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 30th

Undertaker Geo Schilling

Place of Business, *Address,*

A K Stucke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68232 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 28. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie E. Dennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 3 *Days,*

~~Color~~,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 103 Wolfe St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, July 30 1883

Undertaker, John Kenning

Place of Business, 382 Orleans St *Address,* 347 N Broadway

W M White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68633 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cojeski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 320 Alice Anna St.

Cause of Death, First (Primary), Croup (Spasmodic)

Second (Immediate), ...

Duration of Last Sickness, Three weeks

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 29th 83

Undertaker G. Francke

Place of Business, Bank & Wolfe Sts *Address,* 2433 Alice Anna St

John H Kehlberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68637 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anarundel Co Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} 723 Dukes Alley

Cause of death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Loch Raven

Date of Burial, July 29 1883

Undertaker, F. F. Locks

Place of Business, 73 Jefferson

Whitefield Winsey M. D.,
Medical Attendant.

Address, 116 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6865 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Cry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 21 E Madison St

Cause of Death, First (Primary), —

Second (Immediate), Phthisis

Duration of Last Sickness, One year

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, ...

Undertaker Jas P Byrne

Place of Business, 63 N Front St *Address,* .....

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 68636 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leroy C Muller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 6 *Months,* 1 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

~~*Occupation*~~, None.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and Number. } 440 W. Fayette St

Cause of Death, { First, (Primary,) Irritation Diarhoea / Second, (Immediate,) ~~Sudden~~ (Heart clot)

Duration of Last Sickness, Sudden -

All the above information should be furnished by the Physician.

Place of Burial, Bulla Cemt

Date of Burial, July 30th 1883

Undertaker, J J Andrews

Place of Business No 486 Druid Hill Ave

W J A Kemp *M. D.,* Medical Attendant.

Address, 55 N. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6863 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jamison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 yrs. *Years,* One *Months,* 1 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 256 S. Howard St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 30th/83

Undertaker, C. F. Draney

Place of Business, 209 Hanover

B F Phillips M. D., Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68638 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Klemm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Towle Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 3 Potapsco River

Cause of Death, First (Primary), 3 3 Accidentally Drowned

Second (Immediate), 3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem

Date of Burial, July 30th 83

Undertaker G. France

Place of Business, Davis & Wolfe

Chas H. Mook M. D. Medical Attendant.

Coroners C. 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6839 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEAL JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos G Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 2 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 22 Barre St

Cause of Death. First (Primary), —

Second (Immediate). Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 30

Undertaker H Ross

Place of Business, 95 Commerce *Address,* —

Jno T Black M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68640 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Aquilla D. Hughes

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Jeweller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 262 Franklin St

Cause of Death. First (Primary), Nervous prostration dependent

Second (Immediate), On Infirmities of Age & Chronic Kidney Trouble.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, M.T. Olivet Cemetery

Date of Burial, July 31st 1883

C. W. Metz M. D.
Medical Attendant.

Undertaker Jas C Byrne

Place of Business. 63 Fremont St *Address,* 306 W. Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68641 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Conley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days,*

Color, Yellow

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Courier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, Eight mos.

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate,) "

Duration of Last Sickness Unknown, (in hospital 2 mos.)

All the above information should be furnished by the Physician.

Place of Burial, East End Cemetery

Date of Burial, July 30/1883

Undertaker, Geo. Kinehart

Place of Business, 73 Greenmount Av.

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6864 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ethiopia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 435 Eutaw

Cause of Death, First (Primary), —

Second (Immediate). Asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 31/83

Undertaker J. H. Cook

Place of Business, 207 W. Balto St *Address,* —

Jno. S. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68643 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Catharine Mc Clayborn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~One~~ *Years,* *Months,* 02 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 242 George St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 242 George St

Cause of Death, First (Primary), Pneumonia Lung

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, July 30 83

Undertaker J. B. Cook

Place of Business, 207 N. Balto St. *Address,*

H. H. Crane *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68644. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Gobrecht

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Cabinet Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 14 13

Place of Death, { Give street and Number. } 77 Wyeth st

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 31

Undertaker C. H. Blizzard } Jno W Blake M. D.
Medical Attendant.

Place of Business, 198 Penna Ave *Address,* 148 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68645 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie C Leslie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 63 West

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial. July 31

Undertaker, E. H. Blizzard

Place of Business, 98 Penna Ave

H. W. Nebley M. D.,
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

Health Department, City of Baltimore,

Permit No. 68646 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 394 N. Gilmor St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 30th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

C. H. Christian M. D., Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68647 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH JUL 30 1883 EXIT BALTIMORE

Date of Death, July 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barrie H. Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 & Months, 6 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 37 Rock St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 31 1883

Undertaker, [illegible]

Place of Business, [illegible]

H. H. Dorsey M. D.,
Medical Attendant.

Address, 443 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68648 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anastasia Hill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 30 *Years,* 11 *Months,* 23 *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 77 Granby St.

Cause of Death, First (Primary), Consumption

Second (Immediate), asthenia

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Co Cemty

~~Undertaker~~ *Date of Burial,* Jas P. Byrne

~~Undertaker~~ *Date of Burial* Sept 1/83

Place of Business,

Jno. S. Spence M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68649 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

68649

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL. 30. 1883 BALTIMORE.

Date of Death, July 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Gray

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 19 Orchard St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Hydrocephaloid symptoms

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 30 83

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St

J. E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68650 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Klingenhofer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 25 Essex st

Cause of Death, First (Primary), ...

Second (Immediate). Convulsions 4 Days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemty

Date of Burial, July 30/83

Undertaker Frederick Gaede

Place of Business, ...

Geo. R. Brown M. D.
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6865 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 29 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Miller

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Miller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Yrs

Place of Death, {Give street and Number.} 14 Bolton St

Cause of Death. First (Primary), Apoplexy

Second (Immediate), Insania.

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y.

Date of Burial, July 31

Undertaker B. Hank

Place of Business, 82 West St. *Address,*

A. M. Dodd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

Permit No. 6865 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 30 1883 BALTIMORE

Date of Death, July 29 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Parents Boy & Ella Borden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ———

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and Number. } 261 Franklin

Cause of Death, { First (Primary), ——— Second (Immediate). Premature Birth

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, July 30/83

Undertaker B E Keese

Place of Business, ——— *Address,* ———

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6865 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL. 30. 1883 BALTIMORE.

Date of Death, July 29 1883

Full Name of Deceased, {Write with y and spell correctly. If an Infant not named, give names of parents.} Seraphim Truschler

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 56 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Tavernkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Little Hesse Darmstadt Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 303 Canton Ave.

Cause of Death, First, (Primary,) Chronic Inflam. of Liver & Kidneys

Second, (Immediate,) .....

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 31st 83

Undertaker, G. Francy

Place of Business, Gault & Volk *Address,* .....

J. Kelly, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 68654 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 30 1883 BALTIMORE.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Lang

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 138 S Bond St

Cause of Death, First (Primary). Typhoid Fever

Second (Immediate).

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Comel

Date of Burial, July 30th

Undertaker H Leipsel

Place of Business,

W. R. McShane M. D.
Medical Attendant.

Address 582 W. Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Skalski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} № 176 Eden street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, July 30th

Undertaker, H Leipsel

Place of Business,

Dr. Charles Koerner M. D.
Medical Attendant.

Address № 214 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person buried, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 68657 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Bargar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 4 *Months,* 2 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Hookstown, Balto county

Duration of Residence in the City of Baltimore, ~~All his life~~ 54 years

Place of Death, {Give street and Number.} 84 Emmitt St

Cause of Death, First (Primary),

Second (Immediate). Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 30 '83

Undertaker Armstrong Bros

Place of Business, 263 Light

Thos Cole M.D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 4865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Neal

HEALTH DEPARTMENT JUL 30 1883 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required, in this line.}

Age, 19. *Years,* 6. *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 150. West

Cause of Death, First (Primary), Hypertrophy & Dilatation of Heart, Incipient Cirrhosis of Liver

Second (Immediate) Dropsy

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 30th July 1883

Undertaker D. Hale

Place of Business, 82 Hast St

M. D. Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68608

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 Baltimore 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hennratta, Zylan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 4 *Months,* ~~*Days.*~~

Color, Colored

~~*Married, Single, Widow or Widower,*~~ Widow {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all time in Life

Place of Death, {Give street and number.} No 1 Bell alley

Cause of Death, First, (Primary.) Inflammation of Intestines or

Second, (Immediate.) Bowels & Enteritis —

Duration of Last Sickness, 3. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 1883

Undertaker, William M. Dugee

Place of Business, 62 East St

J W Cook *M.D.,*

Medical Attendant.

Address, No 36 Davis st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6865 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyda Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 1 *Months,* 16 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 189 E. Durham St

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 1883

Undertaker, William A. Dugan

Place of Business, 62 East St

G. F. Dayton M. D.,
Medical Attendant.

Address, 234 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68660

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#68660 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH JUL 30 1883 BALTIMORE

Date of Death, August 29th

Full Name of Deceased, { White legibly and spell correctly. If an infant not named, give names of parents. } Bridget Crowley

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 229 Pierce St

Cause of Death, { First, (Primary,) Nephritis - Cardiac Complication
Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cemetery

Date of Burial, July 31st

Undertaker, Martin Fahey

Place of Business, #128 Townsend St. *Address,*

Chas A Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6867 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 30 1883 BALTIMORE

Date of Death, July 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Klaus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 8 Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Calverton Rd

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31 1883

Undertaker Jas O Poulus

Place of Business, 66 Fremont Ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 18113 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person during last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Millington Ayres

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 3 hours *Days,*

Color White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 218 North Broadway

Cause of Death, First, (Primary,) Premature labor with fatal presentation

Second, (Immediate,) general congestion of the entire body

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 31st 1883

Undertaker, Ly & Bro

Place of Business, 21 N Broadway

Wilton Hoke M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68663 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia E. Leonard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 9 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt-city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 192 S. Chapman St.

Cause of Death, First (Primary), Scarlatina Malig.

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, July 31th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68664 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 Year *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 52 Williamson St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery

Date of Burial, July 31 1883

Undertaker, H Ross

Place of Business, 95 Conway St *Address,*

Julius Hall M. D.,
Medical Attendant.
Southern Dispensary
17 Hillen St

Extract from Regulations of the Board of Health to secure a full and ~~perfect~~ record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68665 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Logan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 49 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and Number. } 106 S. Exeter

Cause of Death, First (Primary), Dipetheria

Second (Immediate),

Duration of Last Sickness, One Month - Called on July 25th

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 31st 1883

Undertaker Jas O Byrne

Place of Business, 63 Hanover St

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6866

Office of Registrar of Vital Statistics.

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 31 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev W. Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bucktail

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 298 N Gay Street

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.) Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 1st

Undertaker, Geo. Schilling

Place of Business,

Mahlon Brown M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6866 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Skyler.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, over 70 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, invalid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, most of her life

Place of Death, {Give street and Number.} 4 Smith St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) .....

Duration of Last Sickness, 3 or 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 1st 1883

Undertaker, Jeffrey Hensley

Place of Business, 916 Orchard

W. D. Booker M. D.,
Medical Attendant.

Address, 152 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68668 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE

Date of Death. July 30 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give name of parents.} Maria L. Darr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto. City

Duration of Residence in the City of Baltimore Life time

Place of Death. {Give street and Number.} 157 E. Caroline Ave

Cause of Death. First (Primary), Ante and Post-Partum Hemorrhage

Second (Immediate). Syncope

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, August 1th 1883

Undertaker Wm. Nicolaus.

Place of Business, 258 Alice Ann *Address,* 77 So. Broadway

J. L. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6869 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Norton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 123 Leadenhall St

Cause of Death. First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 4 or 5 days.

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 31st 1883

Undertaker C. F. Krause

Place of Business, 209 Hanover *Address,* 151 S. Stump St

Dr. J. Beck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 68670 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Atkinson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} West Lexington & Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Carcinoma of Stomach

Duration of Last Sickness, 15 months

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Aug 1st 1883

Undertaker, L B Cook Jr

Place of Business, 707 W. Balto. St

D. P. Hoffman M. D.,
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6867 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Cary May Anderton

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 45 Harlem ave

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate).

Duration of ~~Last Sickness~~ two (2) weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laudenslager Park

Date of Burial, July 31/83 H. L. Keen M. D.

Medical Attendant.

Undertaker

Place of Business. 30 Park Ave *Address,* 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Francis Croswell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 4 *Months,* 20 ~~Days~~,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 65. S. Collington Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Mary's Co. Md

Date of Burial, July 31st 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bury.

Thos. B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Colored
3028

Permit No. 6873 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hubert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 2 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 11 Bruce st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Thos. M. Low Ts.

Date of Burial, July 31st 1883

Undertaker, Wm. N. Dugan

Place of Business, No 62 East st

J. C. Shipley M. D.,
Medical Attendant.

Address, 41 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6811 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

68674

Date of Death, July 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Dickerson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty-four *Years,* ~~Months,~~ ~~Days~~

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balto~~ Balto. City

Duration of Residence in the City of Baltimore, 24 years

Place of Death. {Give street and Number.} No. 53 Arch st.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, July 31st 1883

Undertaker Wm M. Lewis

Place of Business, No 62 East 2d

J. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Death or Burial, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Paris alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 31st 1883

Undertaker, Wm. N. Dwyer

Place of Business, No. 62 East 2st

Joh J Caldwell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 6876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Share

~~*Sex*~~, *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 72 *Years,* — *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 174 W Fayette St

Cause of Death, First, (Primary.) Senile Decay

Second, (Immediate.)

Duration of Last Sickness, Seven Mos

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 1st 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 143 N Chas

S W Thomas *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30, 1883 11 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Purnell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill Worcester Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 68 Walnut Al

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Apnoea

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Worcester Co Md J. Edwin Michael M. D.
Medical Attendant.

Date of Burial, July 31, at 1883

Undertaker, Wm. Jas Gray,

Place of Business, 68 E Walnut St, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 68678 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1883

CERTIFICATE OF DEATH.

Date of Death, July 31. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Judek

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} 43 N. Duncan St

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Asphyxia

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Aug 1 1883 G. Glenn Luck M. D.

Medical Attendant.

Undertaker John Herring

Place of Business, 342 Calvert St *Address,* Balt & Hail Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 6879 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 31 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 31/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rebh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Durham near Eager st

Cause of death, First, (Primary.) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 1 1883

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,*

J. A. Mc Cann, *M. D.,*
Medical Attendant.

McCann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6868 *Office of Registrar of Vital Statistics.* W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Thos~~ Stephen Stephenson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} ✓

Occupation Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 10 Mos

Place of Death, {Give street and Number.} S. S Mount St

Cause of Death, First (Primary), Under treatment at Dispensary from 23 March to July 1st for Phthisis—

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 30/83

Undertaker Jacob Davis

Place of Business, 103 Lee St

Chas E Statter M. D.
Medical Attendant.

Asst Phy Md Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 6868 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Eight Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 113 Yorkst

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, Southern Dispensary

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6868 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mich[e] Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and Number.} 507 W. Pratt St

Cause of Death, First (Primary). General Debility & Insanity

Second (Immediate).

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Penna. R.R. Cem.

Date of Burial, July 31st 1883

Undertaker H. Thos. Eaton

Place of Business, 227 Madison St *Address,* 283 W. Lombard

Edw. F. Michaelis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68683 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30 — 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Conroy

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 20 — Pat — Ave

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, August 1st 1883

Undertaker Joseph F Bryan

Place of Business, 69 n Liberty Address, Corner Fredrick Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68684 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *deliberately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Hillmyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 E. Fayette St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 1. 1883

Undertaker, E. L. Rossberg

Place of Business, 196 E Balt St

Whitefield Wilson M. D.,
Medical Attendant.

Address, 118 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68685 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Keenan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 Madison St.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Entero-Colitis

Duration of Last Sickness, 3 Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 1st 1883

Undertaker James A Byrne

Place of Business, No 63 W Front St

J. H. Robinson M. D.
Medical Attendant.

Address, 75 N Summit Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6866 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elgie Burial

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 394 E Madison St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion & Convulsions

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Helena Cemy.

Date of Burial, August 1st 1883

Undertaker, Wm Elam

Place of Business, 101 Gough St

J. Simms M. D.,
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 68687 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Schley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 39 Eden Lane st

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Consumption

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Aug. 1 /83

Undertaker H. W. Jenkins & Son

Place of Business, Park & Saratoga sts *Address,* 582 N. Eutaw

W. W. McAllister M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6868 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Grabe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 68 Holland St

Cause of Death. First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Nine Days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem th

Date of Burial, Aug. 1st 1883

Undertaker H. Hofmann

Place of Business, 63 N. Eden St *Address,* 299 E Balt St.

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68689 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Wilhelm Dietz

Sex, Male or ~~Female~~, {Cross out the word not reqnired in this line.}

Age, Years, 1 Months, 11 Days,

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Balto. 964 So Paca St

Cause of Death, First, (Primary,) Enteric Colitis

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 1st

Undertaker, John P. Paulin

Place of Business, No. 66 Frederick

L. B. Wilson M. D.,
Medical Attendant.

Address, 384 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Elizabeth Cromwell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 14 *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City -

Duration of Residence in the City of Baltimore, 14 ~~yrs~~ days -

Place of Death, {Give street and number} 134 Orchard St -

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) & Cawdin

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1 - 83

Undertaker, Wm F Hemsley

Place of Business, 116 N Charles St *Address,* 1,198 Druid Hill Ave

H Boyd Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 6869 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Lattack Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* Two *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No 115 North Bond Street

Cause of Death, First, (Primary,) Chronic Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial. Green Mount

Date of Burial. Augt 1st 1883

Undertaker. Henry W. Mears

Place of Business, 45 N. Gay

Wm A. Hendrix M. D., Medical Attendant.

Address, No 1021 Broadway

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68692 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31, 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George ~~[illegible]~~ Vennent. M. Henry Gustav

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, { Give street and Number. } 343 W. Hoffman ave, Md.

Cause of Death, First, (Primary,) Intestinal Catarrh -

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 2th

Undertaker, W. Ismmel

Place of Business, 315 W. Biddle Address, 525 Penna Ave

[illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6869 3 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE

Date of Death, 30th July 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida R. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months.* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 3 Year

Place of Death, {Give street and Number.} 168 Howard St.

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Convulsions et Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 1 1883

Undertaker H C Ross

Place of Business 45 Conway St

J. D. Lyles *M. D.*
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 68674 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE

Date of Death, July 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emalie armstead

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days,*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 27 Canal alley

Cause of Death, First, (Primary,) chol. infantum

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 1 1883

Undertaker, H Ross

Place of Business, 15 Conway st

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: of John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Age & Infirmity

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, August 1st 1883

Wm. Brooke Boyle M. D.,
Medical Attendant.

Undertaker, James F Byrne

Place of Business, No 63 E Front St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68696 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tasmanine Milbourne

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} #358 E Fayette St

Cause of Death, First (Primary). Heart Disease

Second (Immediate).

Duration of Last Sickness, abt ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, August 2nd 83

Undertaker Charles Scriven

Place of Business, 271 N Eutaw St

Geo. S. Keinemon M. D.
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68697 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Potts

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 265 Park Ave

Cause of Death, First, (Primary,) Valvular Dis. of Heart

Second, (Immediate,) Endocarditis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, August 1st

Undertaker, Charles Sevrin

Place of Business, 271 N Eutaw St

Gustav Bobst M. D., Medical Attendant.

Address, 49 Franklin Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6868 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED AUG 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Gruntz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and Number.} 72 S. W. and

Cause of Death, First (Primary), old age

Second (Immediate), bleurisy

Duration of Last Sickness, 8 days

the above into matters should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3rd 1883 Geo B Loyd M. D.

Medical Attendant.

Undertaker H. C. Weidefeld

Place of Business, Greenmount *Address,* 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68699 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days.*

Color, White

Married. Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # Hudson St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Aug 2 d

Undertaker H. C. Winfield

Place of Business. 60 Greenmount Ave Address, 751 Greenmount Ave,

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Owens

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and Number.} 143 Gresmont Ave

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Dysentery

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, Aug 1st

{ *Undertaker,* H. C. Windfield
{ *Place of Business,* 90 Gresmont Ave

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Gresmont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68101 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEP. AUG 11 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Brickus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 yrs. 16 days

Place of Death, {Give street and Number.} No 4 Forrest st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Aug 2nd 1888

Undertaker, Wm H Madden

Place of Business, 76 East St

J E Gould M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 68702 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Nash

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 279 N Ann

Cause of Death, First, (Primary,) Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 2d 83

Undertaker, Fife & Ryan

Place of Business, 51 N Broadway

E J Ray *M. D.,*
Medical Attendant.

Address, 198 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68703 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 68703

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE

Date of Death, July 31st. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Francis Bowen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 428 Orleans St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, Aug 2d 83

Undertaker, Fry & Bro

Place of Business, 711 Broadway

E. F. Bons M. D.,

Medical Attendant.

Address, * 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6907 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } child of Emma & Thomas Wilkinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ less than an hour ~~Months,~~ ~~Days,~~

Color,

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 109 Jefferson St

Cause of Death, { First, (Primary,) Imperfectly developed. Second, (Immediate,)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 21 83

{ *Undertaker,* Fry & Bro

{ *Place of Business,* 81 N Broadway

J. W. D. White, M. D.,
Medical Attendant.

Address, 267 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8785 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Coskery

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore Md~~ Va

Duration of Residence in the City of Baltimore, 10 last years

Place of Death, {Give street and Number.} 282 (Top 15

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Aug 2d 1883

Undertaker, Silliss Kackley

Place of Business, Sharpe Bros & Co *Address,* 169 N. Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68106 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1893 BALTIMORE

Date of Death, July 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Chaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 103 Bluemeadow alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 1st 1883

Undertaker, Armstrong & Sons

Place of Business, 263 Eight St

Oct Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rebecca Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty five *Years,* —— *Months,* ✓ *Days.*

Color, White

~~Married~~ *Single,* ~~Widow Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel County Md.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} No 296 Hollins St.

Cause of Death, First (Primary,) Malignant Measles

Second (Immediate,) Enteritis with Diarrhea & Hemorrhage

Duration of Last Sickness, About seventeen days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. Sidney Hammond M. D.

Date of Burial, Aug 2/83. Medical Attendant.

Undertaker, Denny & Mitchell *Address* N.E. Cor. Calhoun & Hollins

Place of Business, Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased

Permit No. 6878 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 A M Aug 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Morfat

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, ——— *Years,* ——— *Months,* 33 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 6 Canton St

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 6 Canton St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial St. Patricks Lot

Date of Burial. Aug. 2. 1883

Undertaker H. Saunders Son

Place of Business, 252 Eastern Ave

J. E. Prichard M. D., Medical Attendant.

Address, 280 Druid Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6870 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 11 1893 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 95 Lancaster St

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Aug 9

Undertaker G France

Place of Business, ...

Geo N. Benson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary. May Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Co

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and Number. } St. Louis bet Eutaw & Pa.

Cause of Death, { First, (Primary,) ; Second, (Immediate,) Cerebral Infantum

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, El Ridge Landing

Date of Burial, Aug 1/83

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St.

Inman F. Hill M. D., Medical Attendant.

Address, Cor Calhoun & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6871 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustin.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) General Debility.

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 2d 83.

Undertaker J. McVeagh

Place of Business, Divine & Dennison

R. H. Goldsmith M. D., Medical Attendant.

Address, Harlem av, Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6872 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Charity

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 2720 Hamburg St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1st 1883

Undertaker Saml M. Chase

Place of Business, Howard & Hill sts. *Address,* 210 Sharp St.

W. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6873 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemima Robinson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 181 York St

Cause of Death,
First (Primary),
Second (Immediate) Phthisis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2nd 1883

Undertaker Sam'l W Wise

Place of Business, Howard & Hill, *Address,* 146 Hanover St

Kirsen Corbin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6874 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Carey

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Always Life

Place of Death, { Give street and Number. } 28 Byrd st

Cause of Death, { First, (Primary,) Premature Birth
Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet C

Date of Burial, August 1

Undertaker, B. Flury

Place of Business, 42 West *Address,* 110 Fulton

Oct A Cooke *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68715 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} infant Schmoke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 hrs *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 206 Williamsh

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, Aug

Undertaker B F Lee

Place of Business, ...

Geo. R. Dixon M. D.
~~Medical Attendant.~~

Address, Com & Hearth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6876 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H Hales.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Madison, Dorchester Co Md

Duration of Residence in the City of Baltimore, abt 2 mo.

Place of Death, {Give street and Number.} 85 N Exeter St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Augt 2d 1883

Undertaker Henry W. Mears

Place of Business, 45 N Gay St *Address,* 73 E Pratt St.

Geo. L Kinnemon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6877 *Office of Registrar of Vital Statistics*, Ward 8th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Stultz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 S. Castle

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, since birth

the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, Aug 1 1883

Undertaker Fry & Son

Place of Business, 67 N Broadway

G. H. Rusk M. D.
Medical Attendant.

Address, Balt. & Ohio R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6878 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Daily

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 427 McHenry Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 427 McHenry Street

Cause of Death, First (Primary), Marasmus

Second (Immediate).

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 1st 1883

Undertaker Denny & Materne

Place of Business, 550 W Fayette St *Address,* Carroll P.O. Balto Co

Jno. C. Logan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6879 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 1 1883 BALTIMORE

Date of Death, July 31 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Eisenhauer

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months.* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 26 Fort Ave

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Alphouses

Date of Burial, 2 Aug

Undertaker W Dashiell

Place of Business,

F Hatches M. D.
Medical Attendant.

Address, 24 S Bethune

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6 8720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kittrick L. Headington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, about 28 years

Place of Death, { Give street and number. } 258 Myrtle Ave

Cause of Death, { First, (Primary.) Cancer breast

Second, (Immediate.)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 2d 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

H. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68721 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Martin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 6 Yrs. 21 days

Place of Death, { Give street and Number. } 45 East of

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) 2 Weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 31st 1883

Undertaker, Wm V Dunger

Place of Business, 62 East st. } *Address,* ... J. E. Lynch *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 6872 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1/83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bare

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 29 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 284 S. Dallas st.

Cause of Death, First (Primary), Scarlatina Malign.

Second (Immediate),

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, ~~July~~ Aug 2 /83

Undertaker M. A. Dager

Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 68723 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah B. McNeal

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two years & Eight months

Place of Death, {Give street and Number.} # 336 Pennsylvania Avenue

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Augst 2d 1883

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Saml E. Cowell M. D.,
Medical Attendant.

Address, # 29 Aisquith Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68724 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank J. Finnegan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Brass Finisher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } N. York

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and Number. } 198 N. Front

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years

the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Augt 2d 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St *Address,*

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Powell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 18 *Months,* ~~Days.~~

Color, Brown

~~Married~~, *Single*, ~~Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Soul

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 18 months.

Place of Death, {Give street and number.} No 27 Little Monument Ct

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,) Exhaustion

Duration of Last Sickness, About five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 2nd 83

Undertaker, Alex Keinsley

Place of Business, 116 Orchard

Edmund Duffin M. D.
Medical Attendant.

Address 199 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68726 Office of Registrar of Vital Statistics. 20th Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulia Coulter.

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} E. Lettie George Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, August — 2 83

Undertaker, Alf Hemsley

Place of Business, ...

H. H. Goodman — M.D.,
Medical Attendant.

Address, 18 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Watkins Raymond

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 1055 Chapel

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number} 100 N Augusta

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, two mos

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Ch. Elysalls

Date of Burial, Aug 2nd 83

Undertaker, G. F. Trance

Place of Business, Park & Wolfe *Address,* 477 N Bond St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore.

Permit No. 6972 5 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Padden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 22 N Eighteen St.

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Nervous Depression

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 4th 83

Undertaker Wm. Bruce Bayly

Place of Business, 22 N Eighteen St. *Address,*

Wm. Bruce Bayly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6872 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ July 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunde Kaufman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 S *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 8

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and Number.} 367 Charles St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 2 1883

Undertaker Ernst Schlamann

Place of Business, 200 Sharp St *Address,* 146 Hanover St

Howard Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

Permit No. 68730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, ... *Sex,* .....

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Morris alley 32

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} Cor Rose & Morris alley

Cause of Death, First (Primary,) Abcess on left side of head

Second (Immediate,) Phthysis

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, August 2. 1883

William Lee M. D.
Medical Attendant.

Undertaker, Samuel W. Shaw

Place of Business, 198 S. Howard st, *Address* 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] account in case of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 68731 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gray

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} Point Lane near Ensor St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Eclampsia

Duration of Last Sickness, 5 or 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 3rd

Undertaker Geo Schilling

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore.

Permit No. 6732 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Vogt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 605 W Pratt st

Cause of Death, First (Primary), ~~Stomach trouble~~

Second (Immediate), Gastro enteritis

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Sweete Home

Date of Burial, August 3 d

James Bosley M. D.
Medical Attendant.

Undertaker Andrew Knell

Place of Business, 206 Columbia Ave *Address,* 319 Hillman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna I. Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 11 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 695 Fremont St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) 3 mos

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Aug 2

Undertaker, J S Thrasher

Place of Business, ...

H W Simpson M.D.,
Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Sophia Wicks.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, ~~[illegible]~~ *Years,* 9 *Months,* 15 *Days.*

Color, Col. *Sex,* Female

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.} ~~[illegible]~~

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Holliday st near centre. No number

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Diarrhea.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2 d 1883

Undertaker, Edward Mason

Place of Business, 11 Hamilton st

Jno. H. Lemmon M. D.
Medical Attendant.

Address 238 E. Monument st
N. E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore,

Permit No. 68735 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weinel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 7 *Months,* 2 *Days,*

~~*Color*~~, White

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Galt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 99 Duncan Alley

Cause of Death, First, (Primary,) Burns —

Second, (Immediate,) Tetanus

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, August 3d,

Undertaker, Wm. Flunke

Place of Business, 85 Bank St. *Address,* 22 Jackson Place

Thomas P. Evans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 68736 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Grady

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and Number.} 944 W. Lombard St.

Cause of Death, First (Primary) Cholera Infantum

Second (Immediate) Exhaustion

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Aug 2/83

Undertaker Joseph E. Cook

Place of Business, 707 W. Baltimore St.

Medical Attendant. Edward Talbot M. D.

Address, 1 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Permit No. 68787 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 38 N. Poppleton St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions fr. Meningitis

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial. August 3rd 1883

Undertaker, Jos B Cook

Place of Business, No 707 N. Baltimore Street

Thomas Opie M. D., Medical Attendant.

Address, 39 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 68738 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

Date of Death, Aug. 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Butler

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 282 S Bond

Cause of Death, First (Primary). Morbilli

Second (Immediate). Oedema pulmonum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetary

Date of Burial, August 24 1883.

Undertaker Leonhard Kurz

Place of Business, 277 S. Bond St. *Address* 265 S. Bond

Hartzell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 68739 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. McWilliams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 8 N. Eden St.

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate), 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemt

Date of Burial, August 2d 1883

Edward McDevitt M. D.
Medical Attendant.

Undertaker James P Byrne

Place of Business, 63 Front St *Address,* 57 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68740

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, augt 1st 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Lapp

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 4-7m *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, S

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Penn

Duration of Residence in the City of Baltimore, S

Place of Death, { Give street and number. } St Paul's Asylum

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 2

Undertaker, G Rinehart

Place of Business,

I attended Fanny Lapp during the illness from which she died, and I certify that I have visited the body of the deceased, and that I believe that death occurred at the time stated above.

Wm Hattan Jr M.D.,

Medical Attendant.

Address, 115 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68741 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Alfred Morgan

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 8-4 *Years,* 4 *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Police officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} N. Eastern Station House

Cause of Death, First (Primary), Colic

Second (Immediate), Hemorrage of Lungs-

Duration of Last Sickness, One Day -

the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Aug. 3rd, 1883

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 238 N Broadway

H. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68742 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence C. Cross

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 0 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 526 Aisquith st

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3, 1883

Undertaker Henry Hoen

Place of Business, 389 Central ave *Address,* 256 E. Preston st

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6874 3 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Obersinden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and Number.} 69 St Peter St

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 3

Undertaker F. Hall

Place of Business, 52 West St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Revised

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt Samuel Ayres

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation (Sea Captain) (Mariner)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 214 S. Amer St.

Cause of Death, First (Primary),

Second (Immediate). Jaundice

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3/83

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

one visit.

Board of Health, City of Baltimore.

Permit No. 68746 ; *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred Alvater

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Cor Edm & Alice Anna St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelic Cem.

Date of Burial, Aug 4th 1883

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68746 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o*
to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner,
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gleie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 6, *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tavern Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 195 S. Ann

Cause of Death, First (Primary), Consumption inflammatory

Second (Immediate), asthenia & anaemia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Aug 3rd 1883

Undertaker H. C. Sander & Co. Jno. S. Lynch M. D.
Medical Attendant.

Place of Business, 252 Canton *Address,* 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6874 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 1883 BALTIMORE

Date of Death, Aug 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ben Washington Keener

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 152 Dillon St

Cause of Death.
First (Primary), Marasmus
Second (Immediate), ...

Duration of Last Sickness, Born Delicate & worried.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel, Cem.

Date of Burial, Aug 2nd 1883

E. H. Janney M. D.
Medical Attendant.

Undertaker H. C. Sander & Son

Place of Business, 252 Canton Ave *Address,* 80 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68748 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mattie C. Henderson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or~~ *Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give street and Number. } 5 Durnalls ct

Cause of Death, First (Primary). Heart disease / Mitral Valve

Second (Immediate). Dropsy

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cemetery

Date of Burial, Aug 3 83

Undertaker Armstrong & Dewey

Place of Business, No 168 Light

R. A. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Bayer

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 85 *Years,* —— *Months.* —— *Days,*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — In U.S. 45 Years

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} Mind Dome, Infirmary & Broadway

Cause of Death. First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

the above into matters should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 3 1883

Undertaker Henry Foard

Place of Business, 3 or 4 Central Address, Mind Dome Infirmary

C. D. Gaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and Number.} 50 Stockton al

Cause of Death, First (Primary), (Verdict) Two Pistol Ball wounds

Second (Immediate). one in head & one in left Chest - caused by Pistol in hands of Nicholas Schmidt

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, Aug 4/83

Undertaker JOSEPH B. COOK, Undertaker,

Place of Business, 707 W. BALTIMORE ST., BALTIMORE, MD.

Alexander Tourley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68757 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Schmidt

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death. {Give street and Number.} 50 Stockton at

Cause of Death, First (Primary), (Wound) Pistol Ball wound of the head

Second (Immediate), Casualty Pistol in his own hands

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 3/83

Undertaker JOSEPH B. COOK, Undertaker, &c

Place of Business, 707 W. BALTIMORE ST.,

Alexander Tingley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6876 2 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Lewis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, 3 ~~Months,~~ Days,

Color, B

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bolton st number not given

Duration of Residence in the City of Baltimore, 3 yr

Place of Death, {Give street and Number.} 2 Jasper st 17½

Cause of Death, First, (Primary,) Spinal disease

Second, (Immediate,) Phthysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3rd

Undertaker, H. H Bishop Jr

Place of Business, 97 Druid Hill Ave

William Lee M. D.,
Medical Attendant.

Address, 339 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68753 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Lucke

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, ever, birth

Place of Death, {Give street and Number.} Cor Marsh Mar. Space & Lombard

Cause of Death.
First (Primary), Cholera Infantum
Second (Immediate),

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, Augt 5 1883

Undertaker J. N. O'Toole

Place of Business, 137 Hanover Address, 73 E. Pratt St.

G. L. Kenniman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 6874 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st, 10:10, P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 6 *Months,* 0 *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Cowmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} No 122 Little Green St.

Cause of Death,
First (Primary) Typhoid-fever
Second (Immediate).

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August

Undertaker F. N. Dodd.

Place of Business, #131 Hanover St

Thomas Goldsmith, M. D.
Medical Attendant.

Address, Col. Ave & Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6875 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Woodward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 2 1 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 15 m. 21 d.

Place of Death, {Give street and Number.} 47 Paris alley

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,) Spasms.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Levindale Cemetery

Date of Burial, Aug 3 1883

Undertaker, William H Berger

Place of Business, No 62 East St

Newright M. D.,
Medical Attendant.

Address, 53 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Bureau of Health, City of Baltimore,

Permit No. 6856 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 2/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 16 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1211 Bruce St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) ———

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Aug 3 1883

Undertaker, Wilson N Dorsey

Place of Business, No 62 East st

J. A. Stevens M. D.,
Medical Attendant.

Address, 411 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 68757 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. Aug. 2d 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Mahle

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age. — *Years.* 10 *Months.* — *Days.*

Color. White.

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 213 S. Bethel St.

Cause of Death, First (Primary). Cholera infantum

Second (Immediate). Eclampsia

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial. St Alphonsus Cy

Date of Burial, Aug 3 86

Undertaker H. Leipsel

Place of Business,

Address, 245 S. Bethel

Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 68758 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Alyea

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 276 N Gilmor St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 276 N Gilmor

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 3rd 83

Undertaker Herbert (in Hon)

Place of Business, Park Haratja *Address,*

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68759 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Albers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 276 Gilmore St N.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 276 Gilmore St N.

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 24th 83

Undertaker Heuisler & Sons

Place of Business, Park & Saratoga *Address,*

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt. Mary Bolling

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 146 Arlington Ave

Cause of Death First, (Primary,) Cholera Infant

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 3 '83

Undertaker, W. H. Jenkins & Son

Place of Business, Park & Saratoga

J. E. Chataud M. D.,
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Watson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* ..... *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 422 ~~Eff~~ E. Lee

Cause of Death, First (Primary),

Second (Immediate). Malarial ~~Fever~~ (Typhoid) Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Hill Cemetery

Date of Burial, August ~~4th~~ 1883 Lenord Eade M. D.

Medical Attendant.

Undertaker Ernst Schlosser

Place of Business, 200 Sharp St *Address,* 116 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, in the case [illegible] under this notice, to furnish within forty-eight hours after the death, to the Undertaker or other person [illegible] a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, widow or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2d August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Ames

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 13 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 Edmondson Ave.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) 10 days

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mt~~ ~~33 Edmondson Ave~~

Date of Burial, August 5th 1883

Undertaker, Joseph B Cook

Place of Business, 707 W. Balto St

H. W. Owings *M.D.,*
Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Gertrude Duvall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 25 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 52 E Eager St.

Cause of Death,
First (Primary), Hooping Cough & Dentition
Second (Immediate), Convulsions

Duration of Last Sickness, Six weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 3 1883

Undertaker John W Jackson

Place of Business, Gay & Caroline

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68764 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Bleis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 16 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 741 Hanover St

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate) Paralysis of Heart

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Aug 3 Th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 170 S. Sharp St

Wm Gomel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank R. Hawkins Captain,

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Was Soldier in China

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} No. 896 W. Balto St.

Cause of Death First, (Primary,) Epithelial cancer

Second, (Immediate,) " "

Duration of last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 5th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68 66

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judson Gilman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 172 Saratoga St

Cause of Death, First (Primary,) Hepatic. (Atrophy)

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W. H. Neal M. D.

Medical Attendant.

Date of Burial, August 3 d 1883

Undertaker, Wm Weaver *Address* 55 N. Green St

Place of Business, No 202 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore.

Permit No. 6876 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lacy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days.*

Color, White —

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 69 Harrison st

Cause of Death, First (Primary), Brain Disease

Second (Immediate),

Duration of Last Sickness, one week

the above information should be furnished by the Physician.

Place of Burial, Prap Road Cemetery

Date of Burial, August 3

Undertaker W. Eilau

Place of Business, 101 Gough *Address,*

A K Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6876 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gretel Scheiking

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {~~Cross out the~~ word not required in this line.}

Occupation Foreman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 290 Canton Ave

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Several Months - First called July 27/883

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Aug. 3d 1883

Undertaker H. Sander & Son

A Krapf Shortzer M. D.
Medical Attendant.

Place of Business, 252 Canton Ave *Address,* 14 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 6976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Chapman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 128 Pine st

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, ~~2~~ Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 3d 1883

{*Undertaker,* Wm T Jordan
Place of Business, 63 Park Ave

Frank W Gilman M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 6770 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leonard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 26 Bank St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), One day

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Augt 3rd

Undertaker M. Clark & Son

Place of Business, 92 S. Ann *Address* 247 Bank St

J. A. Fulton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68771 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 Month 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 72 Morris Alley

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 4. 1883

Undertaker, Chas. Wm. Cadogan

Place of Business, 227 Aisquith

Chas. H. Riley M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 68772 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 45-7 Franklin St

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Aug 5, 1928

Undertaker, [illegible]

Place of Business, [illegible]

H F Hill *M. D.,*

Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68773 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 2, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie B. Healy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 1 *Months.* 10 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 164 McHenry St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Prostration

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Aug. 3 1883

Undertaker, [illegible]

Place of Business, [illegible]

B. F. Phillips M. D.,
Medical Attendant.

Address, 311 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68774 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Chaney

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 7 Months, 8 Days,

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 15 Jackson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bolla Cemetery

Date of Burial, Aug 4 83

Undertaker, J. D. Powers

Place of Business, 125 Orleans

L. W. Hone M. D.,
Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68775 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Lizzie

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 21. Bernard St

Cause of Death, First (Primary), Diphtheria

Second (Immediate). Dyptheritic Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cem. August

Date of Burial, August 3 Thomas Cottee M. D.

Medical Attendant.

Undertaker P. Mullen

Place of Business, 82 West St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68776 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 47 *Years,* ..... *Months,* ..... *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow.

Occupation, Lady

Birthplace, {State or country, and how long in the United States if of foreign birth.} Belle Haven Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 190 N. Mount St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell Haven Va

Date of Burial, July 31st. "

Undertaker, F. N. Toell

Place of Business, 131 Hanover St.

Thomas Ohie M. D.,
Medical Attendant.

Address, 39 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 68777 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Welch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2895 Eutaw

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Hyperpyrexia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae County

Date of Burial, July 31/84

Undertaker, P. N. Troll

Place of Business, #13 Hanover *Address,* 154 Hanover St

S. Lindsay M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6778 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria V. Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} S. W. Cor Ann and Lombard Sts.

Cause of Death, First (Primary). Valvular Disease of Heart - Intermittent

Second (Immediate). Apnoea

Duration of Last Sickness, Seven (7) Months

All the above info matters should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Augst 4th 1883

D. L. Wirtz M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 415 N. Gay St. *Address,* 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 68779 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Buchannan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 16 *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bal 2

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 13 Carlton St Exld

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe

Date of Burial, Aug 3

Undertaker A Kemsley

Place of Business,

Chas. H. Young M. D.

~~Medical Attendant.~~

Address, Cor of Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Permit No. 68780

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August the 2 1883 Baltimore City Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Francis Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *~~Months~~,* *Days.*

Color, Colard

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Mechanics Court No 7 Btwn Gay & Hillen Sts

Cause of Death, First, (Primary.) Inflammation of the Womb

Second, (Immediate.) Hysterites

Duration of Last Sickness, one years & Seven Month

All the above information should be furnished by the Physician.

Place of Burial, Mars St Cemetery

Date of Burial, August 3rd 1883

Undertaker, Sam'l W. Chase

Place of Business, Howard & Hill Sts. *Address,* No 36 Davis St

J. H. Court *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68781 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Revelle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ind.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 26 Dorsett

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, August 4th 1883

Undertaker, Danl. R. Thomas

Place of Business, Howard & Hill sts. *Address,* 57 Barre

H W Welch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6879 2 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernadine Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* — *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore In a

Duration of Residence in the City of Baltimore, During Her Life

Place of Death, {Give street and Number.} 21 South Guy St- Baltimore City

Cause of Death, First (Primary), Phthysis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 4th 1883

Undertaker S. W. Chase

Place of Business 198 S. Howard *Address,* 1021 S. Guy St. City

Geo. C. Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health. City of Baltimore,

Permit No. 6878 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 3 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fousek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 46 N. Duncan Alley

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, August 3 1893. E. F. Sons M. D.,

Medical Attendant.

Undertaker, John Hunter

Place of Business, 382 Orleans St *Address,* 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 20784 Office of Registrar of Vital Statistics. Ward 6

aysician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately f*
dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or se
so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 1893 BALTIMORE

Date of Death, Aug. 31 93

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Duerbeck

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 68 h. Chapel

Cause of Death, { First (Primary). Hydrocephalus

Second (Immediate). Paralysis cordis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius RC Church

Date of Burial, August 4 1893.

Undertaker John Hannis

Place of Business, 362 Orleans St Address, 245 S. Milton ave

Medical Attendant. Flath'd M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible] Back of this Certificate

This Permit Must, in all Cases, Accompany the body to its Destination.

Permit No. 6785

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2d. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Delker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 8 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant.

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 45 Whitehall St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the nearest Relative or Friend.

Place of Burial, Western Cemetery. Loudon Park.

Date of Burial, August 4

Undertaker, Walter Immel.

Place of Business,

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

AUG 3 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

A1

Board of Health, City of Baltimore,

Permit No. 68786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 3 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliz Sackerman

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 168 Franklin St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew cemetery

Date of Burial, Aug 5th 1883

Undertaker, Jos. S. Koch

Place of Business, No 707 W Baltimore Street

F. Martin M.D.,

Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons engaged in the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, ~~City of Baltimore,~~

Permit No. 6878 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Grady

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} #75 S. Schroeder

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial St Peters cemetery

Date of Burial, Aug 4th 1883

Undertaker, Geo S Gaul

Place of Business, No 707 N. Baltimore Street

Herman F Kuhl M. D.,
Medical Attendant.

Address, Cor Calhoun & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68788 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 3 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 2 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 69 N Durham

Cause of Death, First (Primary),

Second (Immediate). Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 3

Undertaker J T Lucas

Place of Business,

Geo H. Jones M. D.

~~Medical Attendant~~

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ermits for Burials, to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6878 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2d, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Burdick

Sex, Male ~~or Female~~ {Cross out the word not required in this line.} Male.

Age, ... *Years,* 4 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 243 W. Fayette St.

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 4, 1883,

Undertaker G. B. Blackistone

Place of Business, Lombard & Eden

N. W. Littell. M. D.
Medical Attendant.

Address, Fayette & Fremont Sts.

AUG 3 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68790 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Conner

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 18 Liberty alley

Cause of Death. First (Primary), Measles

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Aug. 4 / 83

Date of Burial, St. Peters bcm

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

Geo. B. Summers M. D.
Medical Attendant.

Address 171 N. Calvert

Measles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Dawson Clark

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Fem

Age, 34 *Years,* — *Months,* 6 *Days,*

Color, Wh —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 78 N Wolf St

Cause of Death, First (Primary), ...

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug. 4th/83

Undertaker M. A. Dorsey

Place of Business, 94 S. Bway *Address,* Bridge & Aliceanna

Jos. A. Bemiser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug. 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Reilly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 Yrs.

Place of Death, {Give street and Number.} 42 Hull St.

Cause of Death, First (Primary), Cancer of the face

Second (Immediate), Asthenia

Duration of Last Sickness, Four (4) Years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Aug. 4. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bury.

J. L. Wilson M. D.
Medical Attendant.

Address, 99 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 68703

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth McAnulty

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cumberland Co Nova Scotia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } 92 Centre Street

Cause of Death, { First (Primary,) ... Second (Immediate,) Gastro Enteritis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Aug. 5. 1/83

{ *Undertaker,* M. A Daly
{ *Place of Business,* 44 S. Bway

J J Mackenzie M. D.
Medical Attendant.

Address 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68794 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Stallings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and Number.} 665 Hanover St.

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Aug. 5th 1883

Undertaker P. J. Toole

Place of Business, #131 Hanover

A. J. H. Lalk M. D.
Medical Attendant.

Address, 152 Sharp St

Recorded

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6895 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Mr. & Mrs. Eaton Emma

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 223 N. Gilmor St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 4 83.

Undertaker, Perry & Motarue

Place of Business, 530 W Fayette St

John Neff M. D.,
Medical Attendant.

Address, 206 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip T. Randell.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 798 S. Charles St.

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum,

Duration of Last Sickness, 4 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, August 4

Undertaker B. Healy

Place of Business, 42 West St

P. L. Hall M. D.
Medical Attendant.

Address, 152 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6879 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3 - 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kamphause

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 6 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7 - 6

Place of Death, {Give street and Number.} 7 under St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Alpheus

Date of Burial, August 4

Undertaker B. Hurl

Place of Business, 52 West Pl

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6798

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6798 *Office of Registrar of Vital Statistics.* Ward E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Weiser

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 3 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 1. Portugal Alley

Cause of Death, First (Primary), Cholera infantum

Second (Immediate), ...

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Aug 6th 83

Undertaker G. F. Franc

Place of Business, Bank & Wolf *Address,* 3 N. Bond

P. L. Daniel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 8779

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8779 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward G. Frank

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 5 Eastfield Ct

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, August 4th 83

Undertaker G. France

Place of Business, Banks & Wolfe *Address,* 212 Pine Ave

[illegible], *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of [illegible] to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68800 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August. 3rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Comings

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 11 — *Months,* 27. *Days,*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 73 Chestnut St

Cause of Death, First, (Primary,) Scarlatina.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7. days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 4 1883 J.E. Heard — M. D.,

Medical Attendant.

Undertaker, Chas A White

Place of Business, 33 Granby St *Address,* 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6880[illegible]

The Special Attention of Physicians is [illegible]y invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68801 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2 / 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Charles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 1/2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 87 Jaspar St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Aug 4 1883

Undertaker Wilson N Dorsey

Place of Business, No 62 East St

B. A. Turner M. D.
Medical Attendant.

Address, 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68852 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James R. Frazier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 89 Eastern Ave.

Cause of death, First, (Primary,) Summer - complaint.

Second, (Immediate,) ...

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Aug 5

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga street.

Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6[illegible]3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6[illegible]3 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Nusbaum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 6 *Months,* [illegible] *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible] & East St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Chronic Intestinal

Duration of Last Sickness, [illegible] days

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, August 5

Undertaker, W [illegible] Eilau

Place of Business, [illegible] Gough St *Address,*

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

will make returns of No. 68[illegible]

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie E. Jeffers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 Months, ___ Days. Years,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 374 S. Eutaw St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 4 1883

Undertaker, C F Kraus

Place of Business,

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below [illegible]

Board of Health, City of Baltimore,

Permit No. 68805 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug. 2 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth O'Dea

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, — *Years,* 6 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, Nil

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 150 N. High St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 150 N. High St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial, Aug 4th 1893

Undertaker, James A. McGuire

Place of Business, 131 Lombard ST

D. Sheett M. D.,
Medical Attendant.

Address, 1432 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68806 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mack

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days,*

Color, Wht

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, — Years

Place of Death, {Give street and Number.} Chas. & Jones Infirmary - N Broadway

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug. 5th

Undertaker A. Kinnaird

Place of Business, 32 N. Liberty

F. D. Gamble M. D.
Medical Attendant.

Address Chas. & Jones Infirmary N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6807 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 4 1883 BALTIMORE

Date of Death, August 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Hughes

Sex, [redacted] *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Louis Mo

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} 92. Pattison ave

Cause of Death, First (Primary),

Second (Immediate). Suicide by Laudanum

Duration of Last Sickness, not known

the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, August 5th 1883

Undertaker J. Martin Fahey

Place of Business, 126 & 128 Fawn st *Address,*

Alexander Tinsley M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore.

Permit No. 68808 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Applegarth.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 17 S. Bond St.

Cause of Death, First (Primary), ...

Second (Immediate) Cholera Infantum 5 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Aug. 5, 1883

Undertaker Thos. J. Hughes

Place of Business, 60 E. Balto St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore, 12

Permit No. 68809 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 3, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Moody

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 17 Mason alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Marion al Transition

Cause of Death, First, (Primary,) "

Second, (Immediate,)

Duration of Last Sickness, 8 Days,

All the above information should be furnished by the Physician.

Place of Burial W P

Date of Burial, Aug 4

Undertaker, S. Kerdiman

Place of Business,

B. L. Browne M. D.,
Medical Attendant.

Address, 307 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6881/8 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertina Woodfork

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* —— *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 39 Oxford St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Hydrocephaloid & Spasms

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, August 5th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Elias C Price M. D.,
Medical Attendant.

Address, 267 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

Permit No. 6811 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Benson

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* *Days,*

Color, Colored

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 66 East Pr

Cause of Death, First (Primary), Abscess in throat

Second (Immediate), Uremic Poisoning

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5th 1886

Undertaker H. N. Bishop Jr

Place of Business, 97 Druid Hill Ave.

Edward J. McDevitt M. D.
Medical Attendant.

Address, 62 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

Board of Health, City of Baltimore,

Permit No. 6882 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa L. Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years. 7 Months, 9 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria, Va.

Duration of Residence in the City of Baltimore, Five Week

Place of Death, {Give street and Number.} 61 S. Mendenhall Ally

Cause of Death, First (Primary). Marasmus - Diarrhoea

Second (Immediate). Asthenia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Aug 5th/83

Undertaker Hugo Lee

Place of Business, 81 S. Broadway *Address,* J. L. Miles M. D. Medical Attendant.

J. Bracely

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 68813 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

Date of Death, August 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Amelung

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* 6 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 1 Innis Alley near Franklin St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial Shorpe St Cemetery

Date of Burial Aug 5 1883

Undertaker, Wilson N Dorsey

Place of Business No 62 East Street

J. Harvey Hill M. D.,
Medical Attendant.

Address, 1 & 3 Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 68144 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Gray

~~Sex.~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, ed

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 110 Raborg St

Cause of Death, First (Primary),

Second (Immediate) Consumption 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5/83

Undertaker Windrupe

Place of Business,

Geo. H Dennis M. D.
Medical Attendant

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 6815 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1883

Date of Death, Aug 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Albert Krueg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lily

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 324 S Dallas St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), ...

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Aug. 6th 1883

Undertaker J. C. Schultz

Place of Business, 20 S Alice [illegible] *Address,* 243 Alice Anna St.

John H. Kelberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6886 . *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2. 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Wermine

~~*Sex,*~~ *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* ..... *Days,*

Color, weiss

Married, ~~*Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years'

Place of Death, {Give street and Number.} Eastern Aven. 204

Cause of Death, First (Primary), Chronic Peritonitis' Cancer of Stomach

Second (Immediate). Schwäche (Exhaustion)

Duration of Last Sickness, 11 Weeks'

the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, Aug 5th

Undertaker H Dippel

Place of Business,

Hugg' M. D.
Medical Attendant.

Address, Eastern Aven. 204

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6817 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam C. Lohman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... 9 *Months,* ..... 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 172 Pierce St.

Cause of Death, First, (Primary,) Intestinal Catarrh.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 6

Undertaker, Walter Immel

Place of Business, 316 West Biddle *Address,* .....

H. Ricketts M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, which [illegible]

Board of Health, City of Baltimore.

Permit No. 6818 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1883 BALTIMORE

Date of Death, Aug 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Eisendrager

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} Belair Road opposite Shutes Park

Cause of Death. First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 6th

Undertaker Geo Schilling

Place of Business,

T. A. Faser M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6819 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE AUG 5 1883

CERTIFICATE OF DEATH.

Date of Death, August 5 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie W. Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 123 Mosher St

Cause of Death, First, (Primary,) Dearrhoea

Second, (Immediate,) "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 6th 1883

Undertaker, Martin Faber

Place of Business 128 Townsend St

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68828 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

Date of Death, Aug. 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Gladstone Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 26 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and Number.} 96 Montrose st.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of Last Sickness, Three weeks

At the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Aug 6th 1883

Undertaker, D Cenny & Mulleda

Place of Business, 53 W Fayette

J. Im Hood M. D., Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

Permit No. 68121

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Lanahan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Port City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 141 Lanvale St.

Cause of Death, First, (Primary.) Hemorrhage of Liver

Second, (Immediate.) .....

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Castle Penna.

Date of Burial, August 6th 1883 | Mahony Brown M.D.,

Medical Attendant.

Undertaker, Henry Mitchell

Place of Business, 550 W. Fayette St. *Address,* 68 N. Carrollton Av.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68822 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days,*

Color, Wh

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } V

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, N

Place of Death, { Give street and Number. } 428 Calhoun St

Cause of Death, First (Primary), old Age

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Washington DC.

Date of Burial, Aug 7 1883

Undertaker John R Wright

Place of Business, 1337 10th NW Washington *Address,*

A P Hower *M. D.*
Medical Attendant.

Geo A Fechtman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6813 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. Buckley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Eight *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 249 Lee St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 7th

Undertaker, Wm. J. Treiber

Place of Business, 65 S. Eutaw st

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6727 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Gross

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 — *Years,* — *Months,* — *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and Number.} 110 York St. —

Cause of Death, First (Primary), —

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 4 years

the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemet

Date of Burial, Aug 6 1883

Undertaker H Ross

Place of Business, 95 Conway St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rappahannock Co Va

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 15 Penrich Ave

Cause of Death, First (Primary,) Pulmonal Congestion

Second (Immediate.) Pulmonal Hemorrhage of Lungs

Duration of Last Sickness, 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, Aug 6th 1883

Undertaker, Wm A Bunge

Place of Business, 62 East St

Address 34 N Eden St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6826

The Special Attention of Physicians is Respectfully Invited to the [illegible] and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6826 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG. 6 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hagel

Sex, Male or ~~Female,~~ {Cross out the word not required, in this line.}

Age, 67 *Years,* 11 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 167 Sarah Ann St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug 6th 1883

Undertaker L. Louis Schaefer

Place of Business, 109 N. Fremont

Wm Gobel M. D.
Medical Attendant.

Address, 170 N. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68827 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Hoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* Nine *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Police

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and Number.} 412 Ensor St

Cause of Death, First, (Primary,) Fracture of Ribs

Second, (Immediate,) Consumption & phthisis

Duration of Last Sickness, Since 4th

All the above Information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Aug 7th 6 oclock PM

Undertaker, M E Cusman

Place of Business, 38 Ensor St

_____ M. D.,
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68828 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Weilage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days,*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} № 62 N. Gay St

Cause of Death, First, (Primary,) Gall-Stone

Second, (Immediate,) intestinal obstruction

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augt 6th 1883

Undertaker, Hy W. Meads

Place of Business, 45 N. Gay St *Address,* 164 N Charles St

Henry Salzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6882 c *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lord McHenry Anderson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* 17 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 87 S. Bond

Cause of Death, First (Primary), Diptheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 15 days

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augs 6th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2

Board of Health, City of Baltimore,

Permit No. 68828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Wittmann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.* V

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 28 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eastern Ave. 11th

Cause of Death, First, (Primary.) Ovarian Tumour

Second, (Immediate.) Inflam'd of Bowels & Stomach

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Louis Cemetry

Date of Burial, Aug 7th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John D Schultz M.D.,

Medical Attendant.

Address, N E cor Lovel & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6883. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Mosher St & Foster al

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial St Peters Cem

Date of Burial, August 6th

Undertaker, Chas J Scriven

Place of Business, 271 Eutaw St

D B Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

Permit No. 68822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Adolphi

~~Sex~~, *Male or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 199 Lemmon alley

Cause of Death {First, (Primary,) Whooping cough

, {Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, August 7

Undertaker, Walter Lemmel

Place of Business, 315 W. Biddle St. *Address,* 29 Wayette L

E. Leiterman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6883 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Martha Freeman

Sex, Male or Female, {Cross out the word not required, in this line.} Female

Age, 36 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} South Kingston

Duration of Residence in the City of Baltimore, Sixteen (16) years

Place of Death, {Give street and Number.} No. 7 — 10 first Alley

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate) Eight days

Duration of Last Sickness, Eight days

All the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6. 1883

Undertaker Wm H Wadsee

Place of Business, 46 East 187

Wm. O. Williams M. D.
Medical Attendant.

Address, 21 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68834 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Whitington Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 341 Harford Ave

Cause of Death, First, (Primary,) Hemorrhagic Diathesis

Second, (Immediate,) Hemorrhage from cut lip

Duration of Last Sickness, 3 ½ Days

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill cem

Date of Burial, Aug. 6th 1883.

Undertaker, Jas. H. Wightman

Place of Business, 23 & Pratt Sts

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Eden & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2d Board of Health, City of Baltimore,

Permit No. 68835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Blantice

~~Boy, Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 111 Penna Ave

Cause of Death, First, (Primary.) old age

Second, (Immediate,) Paralysis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cath. Cy

Date of Burial, Aug 7/83

Undertaker,

Place of Business,

E. P. Hree M. D.
Medical Attendant.

Address, 192 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Cadden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} 246 N Caroline

Cause of Death, First (Primary), Debility

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Aug 7 1883

Undertaker John R. Metzler

Place of Business, 158 Lanvale

H. H. Harney M. D.
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Norvin Lovell Barrett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Four *Years,* Ten *Months,* ✓ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 436 East Fayette st.

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, August 6 1883

Undertaker, M. F. Curran

Place of Business, 73 S. Broadway

S. A. D. Small M. D.,
Medical Attendant.

Address, 251 Maryland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

ity of

No 68738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 68831 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jane Griffith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 252 Columbia ave

Cause of Death, First (Primary), Phthisis Pulmonis

Second (Immediate), Asthenia

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 7

Undertaker, J B Keach

Place of Business,

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68839 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie H. Knight

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 147 Harford Ave

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, Aug 1 to 5

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 6th

Undertaker H. S. Widefield

Place of Business, 90 Greenmount Ave

W. Wilson M. D.
Medical Attendant.

Address, 1 E. Eager St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68178 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Dicke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 27 Days,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 68 Greenmount Ave.

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Mos.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 7th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 78 Greenmount Ave

C. H. Provision M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68671 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st August 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John St Leger ~~Ged Jeff~~

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First, (Primary,) .....

Second, (Immediate,) died suddenly; cause unknown

Duration of Last Sickness, ~~one day~~

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 6 th

J. A. Warner M. D.,

Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68842 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 1883 BALTIMORE

Date of Death, 5 o'clock P M Sunday Aug 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Winnington Haffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 57 Rose St-

Cause of Death, First, (Primary,) Diphtheria Then Malaria

Second, (Immediate,) Malaria

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St A Thomas

Date of Burial, Aug 6th 83

J. E. Pritchard M. D., Medical Attendant.

Undertaker, G. F. Evans

Place of Business, Bank & Wolfe *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 68843

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

Date of Death, Aug 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton. H. Brune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 212. E. Pratt St

Cause of Death, First, (Primary.) Phthisis Pulmonal

Second, (Immediate.) ~~Four~~ Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ind Cemet

Date of Burial, Aug 6th/83

Undertaker, Pugh Bro

Place of Business, 510 Broadway

L. M. Gabow M.D.,
Medical Attendant.

Address, 90 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 68844 *Office of Registrar of Vital Statistics.* Ward 5 E.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Colwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 Chew Place

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug. 7 1883

Undertaker C. H. Eastman & Bro. } J. H. Robertson M. D.
Medical Attendant.

Place of Business, Valley & Eager Sts. } *Address,* 25½ Broom & Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68846 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark E. Doyle

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 108 Argyle Ave

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 6th 83

Undertaker Kempenkin & Son

Place of Business. Park & Saratoga

F. Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 68846 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Robertson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 60 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower ✓

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 324 Montgomery

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Shuff St Cemetery

Date of Burial, August 5

Undertaker, Harold S. Ross

Place of Business, 95 Lombard St

H. H. Riley M. D.,
Medical Attendant.

Address, 195 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of

Board of Health, City of Baltimore,

Permit No. 68847 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephriet Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* 4 *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coopers Refuse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Blades burg Md

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and Number.} 64 Parkin St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Apnoea

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Aug 6/83

Undertaker, J B Cook

Place of Business, 707 W. Balto St.

C. Col Holburn M. D., Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No 68876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 2d 12 oCk A. M.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Kate Gutzmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 or 3 Louis ~~Days~~,

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Hudson St. No 3

Cause of Death. First (Primary), ...

Second (Immediate). Debility

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Aug 6

Undertaker Wm Gutzmann

Place of Business, ...

Edw B. Price M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68829 ; *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3 1883

Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents. } Henry Galt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation Unknown

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Malaria

Second (Immediate) Rupture of Spleen

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, August 4 1883

Undertaker [illegible]

Place of Business, [illegible]

West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6885-0 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lewis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 7/83.

Undertaker, Beagle

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68867 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Deale

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, Cracker Shoveler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} #275 E. Madison St.

Cause of Death, First, (Primary,) Inflammation Lungs

Second, (Immediate,) Phthisis (consumption)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Aug 7 1883

Undertaker, Armstrong & Gray

Place of Business, 262 Light

Jno H. Morris M. D.,
Medical Attendant.

Address, 154 East Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 68852 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lemken.

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.} Male

Age, One *Years* Six *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} On 507 West Balto st.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, Woodlawn Church Cemetery

Date of Burial, August 7/83

Geo. McCardell, M. D.
Medical Attendant.

Undertaker C. F. Rau

Place of Business, 62½ W Balto St. *Address* Number and Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 68853 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug - 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Hammond

Sex, ~~*Male*~~ ~~*or*~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days,*

Color, Col-

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 64 N. Durham St

Cause of Death, First (Primary),

Second (Immediate). Rheumatism

Duration of Last Sickness, unknown

the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Aug 6 1883

Undertaker F. F. Pacy

Place of Business, 73 S. Howard St

J. J. Gwynn M. D.
Medical Attendant.

Address, 137 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Board of Health, City of Baltimore,

Permit No. 68834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG. 6 1883

CERTIFICATE OF DEATH.

Date of Death, August 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel B. Nelson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Warner St.

Cause of Death, First, (Primary.) Phthisis Pul.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 or 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 8th 1883

H. H. Nelson Jr. *M.D.,*

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 295 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68855 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Rezac

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~.....~~ *Years,* ... 11 *Months,* ~~.....~~ *Days,* V

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~.....~~

Occupation, ~~.....~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, ~~.....~~

Place of Death, {Give street and Number.} N- 43 Barnes st.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsius Cem

Date of Burial, Aug. 7th 1883. L D Winternitz M. D.,

Medical Attendant.

Undertaker, Adam Link

Place of Business, 461 N. Gay St. *Address,* 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 68856 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Col. Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 5 Plum alley

Cause of Death, First (Primary), Consumption

Second (Immediate), One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 6 1883

Undertaker S. M. Chase

Place of Business, 98 Howard St

L. M. Hall M. D.
Medical Attendant.

Address, 26 E Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 12 6885 7

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
AUG 6-7
1883
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lindsley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} F

Age, ~~About~~ *Years,* About 1/2 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 106 Druid Hill ave

Duration of Residence in the City of Baltimore, One & 1/2 months

Place of Death, {Give street and number.} 106 Druid Hill ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Dranitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 7th 1883

Undertaker, S H Chase

Place of Business, 18 Howard St

S Kingsley M.D.,
Medical Attendant.

Address, 152 1/2 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68958 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia F. Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and Number.} 1302 S. Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp's

Date of Burial, Augt 7 1883

Undertaker S. M. Shue

Place of Business, 178 Howard St

D. F. Steele M. D.
Medical Attendant.

Address, 161 E. Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6885-9 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2d 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Anesta

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 ~~Years,~~ *Months,* V ~~Days,~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 2 West Alley

Cause of Death, First (Primary), Cholera infantum

Second (Immediate), convulsions

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial St. Jams Cemtery

Date of Burial, August 8 1883

Undertaker Henry Hoeth

Place of Business, 309 Central Ave *Address,* 3 N. Bway

P. L. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68860 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

Date of Death, August 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Woods

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 11 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 5 mo

Place of Death, {Give street and Number.} 16 E. Fount-

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Abst Supt-

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Hebron Cemetery

Date of Burial, Aug 7th 1883

Undertaker, W. S. Eilau

Place of Business, 101 Gough St

W. H. Norris M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if called upon, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Aultons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 0 *Months,* [illegible] *Days,*

Color, Light [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laborer or [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} No 22 Whitehall

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Two Months

the above information should be furnished by the Physician.

Place of Burial, Shamput Cemetery

Date of Burial, August 7/1883

Undertaker William A Dingee

Place of Business, 62 East St *Address,* Cor Eutaw & Ry

T. F. Parker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 6862 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth C. Donoldson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Hennetta Pl

Cause of Death, First (Primary), Marasmus

Second (Immediate).

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, August 7

Undertaker Beach Hardy

Place of Business, 82 West St

L. B. Noble M. D.
Medical Attendant.

Address, 80 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68963 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Gaisin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 4 *Months,* . . *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and Number.} 17 Bartlett St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Lemeton Pk C.

Date of Burial, August 7

Undertaker, B. Hall

Place of Business, 82 West St *Address,*

L. G. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY ▲ FILM

Board of Health, City of Baltimore,

Permit No. 68864 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie E. Schuman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 3 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 194 Johnston Street

Cause of Death,
First, (Primary,) Natural
Second, (Immediate,) Marasmus

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 7

Undertaker, B. Ward

Place of Business, 82 West ff

J. K. Riley M. D.
Medical Attendant.

Address, 195 West Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The special attention of Physicians is respectfully invited to the Remarks Below, and to Table of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68865 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanna Virginia Hughes

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} E. Fayette St. Extended

Cause of Death. First (Primary), Phthisis

Second (Immediate), Consumption

Duration of Last Sickness, 16 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 8th 1883

Undertaker Henry W. Mears

Place of Business, 415 N. Gay St *Address,* 85 Canton St

E. N. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Directions on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Holmes

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 67 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Silver Plater

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and Number. } House 66 Frederick avenue

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 7 months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 9

Undertaker Geo Schuetz

Place of Business, *Address,*

C. L. Smithers M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt C. Reynehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Park Ave & Dolphin St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Three Weeks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 8 83

Wm. Whitridge M. D.
Medical Attendant.

Undertaker, Ansling & Dunn

Place of Business, 1263 Fulton *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Book of this Certificate

Board of Health, City of Baltimore,

Permit No. 68868 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Houck.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 18 Days,

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} U.

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 18 Days.

Place of Death, {Give street and Number.} 197 Columbia Ave.

Cause of Death, First (Primary), Entiritis.

Second (Immediate). Convulsions.

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 7th 1883

A. G. Hath M. D.
Medical Attendant.

Undertaker Andrew Knell

Place of Business, Columbia Ave Address, 282 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

W

Board of Health, City of Baltimore,

Permit No. 68869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ben Carroll

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} 18 Vincent alley near Balto St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Pleurisy

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Marshall

Date of Burial, Aug 7th 1883

Chas E Sadtler M.D.,
Medical Attendant.

Undertaker, Wm Hemsley

Place of Business, 76 Orchard *Address,* 76 Orchard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen E. Kadel

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } female

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, colored

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } Child

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Superior

Place of Death, { Give street and number } 86 Mosher alley

Cause of Death, { First, (Primary.) Gastro-Enteritis. / Second, (Immediate.) Hydrocephaloid

Duration of last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 8th August 7, 83

H. R. Stettinius M. D.
Medical Attendant.

Undertaker, Chas. Henley

Place of Business, 1160 Orchard *Address,* 205 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Martel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 47 *Years,* 6 *Months,* 5 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~78 Grindall St~~ Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } N 78 Grindall St

Cause of Death, First, (Primary,) Pulmonary Phtisis

Second, (Immediate,) the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemt

Date of Burial, August 7. 1883

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 169 N. Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

To Board of Health, City of Baltimore,

Permit No. 68872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann McCann.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number} 116 N. Howard St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 7th 1883 Christopher Johnston Jr. M. D.

Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 69 Liberty *Address,* 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 4L]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68873 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Marquet

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 2 *Months,* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1 Elbow Lane

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), detained

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7 1883

Undertaker H Ross

Place of Business, 15 Broadway

W S Bruce M. D.
Medical Attendant.

Address, 210 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14
Permit No. 6887

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bank H. Hobbitzell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 8 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Hopkins Place

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.) Abd Perim

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 8th 1883

Undertaker, H W. Jenkins & Sons

Place of Business, Park & Saratoga

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68875 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Crustina Menzel

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 3.5 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4½ years

Place of Death, {Give street and number.} 11 Ensor Str

Cause of death, First, (Primary,) Carcinoma of the Rectum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 7th

Undertaker, M. Ba. Hahn

Place of Business, 26 Ensor st

A Aronson M. D.,
Medical Attendant.

Address, 276 W Fayette Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Bigger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 N. Wolf St

Cause of Death, First (Primary), Dyptheria

Second (Immediate), Brain trouble

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 8th of August 1883

Undertaker Henry Neumann

Place of Business, 13 Eden St.

F. A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68877 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha L. Payne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Dming life

Place of Death, {Give street and Number.} 35 N Gilmor St.

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, I attended for one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Chas H. Whitson M. D.,

Date of Burial, August 7" 83 Medical Attendant.

Undertaker, Emily M. Mitchell

Place of Business, 350 W Fayette St *Address,* 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68878 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Osborne

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, W

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and Number.} 440 Eutaw place

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Inanition

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 7th 1883

Undertaker, Stewart & Bowen

Place of Business, 35 Park ave

S Theobald M. D.,
Medical Attendant.

Address, 154 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6886 ; *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 268 Balt ave

Cause of Death, First (Primary).

Second (Immediate) Inanition

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, August 7

Undertaker J. Hurley

Place of Business, 42 West ft

S. Townsend M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6880 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Seifert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} July — Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Fell St,

Cause of Death, First (Primary), Diphtheria, followed by

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 7th 1883

Undertaker H. Stender & Son

Place of Business, 202 Canton Ave

John H. Ehlerger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68881 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wallace

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death. {Give street and Number.} No 113 Raborg St,

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 7 1883

Undertaker W Wehrle

Place of Business, 198 Navarre

C W Mey M. D.
Medical Attendant.

Address, 206 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68852 *Office of Registrar of Vital Statistics,* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

Date of Death, August 6th 11 P M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Joseph Linnea

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 20 E. Bond St.

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial St. Patrick's cimitery

Date of Burial, July 7

Undertaker John Hervey

Place of Business, 782 Orleans *Address,* 99 E. Baltimore St.

Samuel E. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 68883

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

Permit No. 68883 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Wheeler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* sixteen *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 28 Short St

Cause of Death, First (Primary), Anemia

Second (Immediate), Convulsions

Duration of Last Sickness, sixteen Day

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 8 1883

Undertaker William A. Dingee

Place of Business, 62 East St

F. A. Sauer M. D.
Medical Attendant.

Address, 10 S. N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT AUG 7 1883

Permit No. 68887 *Office of Registrar of Vital Statistics.* **Ward** 1883 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Bruberger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* five *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower* {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cor Hill & Sharp Sts

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate). Convulsion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetary

Date of Burial, Aug 8th " 1883

Undertaker C Krause

Place of Business, 209 Hanover *Address,* 130 S. Sharp St

J/m Gruebel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 68880 *Office of Registrar of Vital Statistics.* Ward 17

AUG 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward O Byrne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.* 1

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 Hanover St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug. 8. '83

Undertaker, M. A Dwyer

Place of Business, 74 S. Bway.

L. Bacilli M. D.,
Medical Attendant.

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zda M Crook

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cumberland & Gilman Sts

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 9/83

Undertaker JOSEPH S. COOK, Undertaker, 707 W. BALTIMORE ST.,

Place of Business.

Edward Becker M. D.
Medical Attendant.

Address, 3/9 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1883

CERTIFICATE OF DEATH.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Hackenhahn

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 N Madeira alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Aug 8th 1883

E W Edmunds M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 761 N. Gay st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68888 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Boston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Stevedore

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No. 11 Union Alley

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate),

Duration of Last Sickness, 24 hours,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 8 - 83

Francis A. Lane M. D.
Medical Attendant.

Undertaker Chas G White

Place of Business, 31 Granby *Address,* 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68889 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie E. Green

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 6-6 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot-County-Maryland

Duration of Residence in the City of Baltimore, 40 Years -

Place of Death, { Give street and Number. } 112 Stirling,

Cause of Death, First (Primary), Heart-Disease

Second (Immediate), Dropsy -

Duration of Last Sickness, 8 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7th 1883

Undertaker F. J. Koch

Place of Business, 173 Jefferson *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6886 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Spurrier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 116 S Dallas

Cause of Death, First (Primary), Adult Injuries

Second (Immediate), Summer Complaint

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, Aug 7

Undertaker McDevitt

Place of Business,

Geo. F. Dunn M. D.
Medical Attendant.

Address, 1 m of Hooks

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6889 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gabriel Cuero

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Mex

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 61 Pancake Cts

Cause of Death, First (Primary),

Second (Immediate). Paralysis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 8

Undertaker M. Dwyer

Place of Business,

Chas. T. Dunn M. D.

~~Medical Attendant.~~

Address, City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6882 Office of Registrar of Vital Statistics, Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Barney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 211 E. Howard St.

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 9 1883

Undertaker Morgan & Pye

Place of Business, Mulberry st *Address,* 262 Sharp St.

A. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68893 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Edward Burroughs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 18 *Months,* *Days,*

Color ~~White~~ Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltd

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 916 N Paca St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Summer Complaint

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Druid~~ Laurel

Date of Burial, Aug 8

Undertaker C A White

Place of Business,

Geo. W. Dixon M. D.
Medical Attendant.

Address, 6 mo. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6884

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

Date of Death, August 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry R. Rous

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 21. N Schroeder St

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Augt 5 to 1883

Undertaker, Lon Lonsdorf

Place of Business, 112 W Baltimore St

A. G. Fox M. D.,
Medical Attendant.

Address, 506 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68895 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene H. L. Doyle,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} (—)

Occupation (—)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Argyle Ave

Cause of Death, First (Primary). Diphtheria

Second (Immediate). + Blood poison

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 8th August 1883

Undertaker H. W. Cushing & Son

Place of Business, Park & Lanvale Sts. *Address,* 2 Cathedral St

H. Scurlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68896 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

Date of Death, August 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth F. Foane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single,~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 S. Bond St

Cause of Death. First (Primary).

Second (Immediate). Consumption

Duration of Last Sickness. 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, August 9.

Undertaker H Chatthies

Place of Business, 261 Eutaw ~~Place~~ *Address,* 137 Orleans St

J T Gwinn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6687 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1893 BALTIMORE

Date of Death, August 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} V

Occupation, "

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} N° 289 N Gilmor

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer, Mammae

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Aug 10

Undertaker, W J Coleman

Place of Business,

C H Pattan M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68898 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Buchwiller

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days,*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 50 Lexington

Cause of Death, First, (Primary,) marasmus

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 8th

G Lane Tanyhill M. D.,

Medical Attendant.

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St. *Address,* 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Y A FILM

Board of Health, City of Baltimore,

Permit No. 68879 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Fuller Jacoby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation ~~Child~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 231 Dolphin St

Cause of Death, First (Primary), Injuries received by Car 47 B.C. R.R. Railway. Meningitis

Second (Immediate),

Duration of Last Sickness, 12 days

the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, aug 8th 1883

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

Alexander Tunley M.D.

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFE

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6868 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Menenlaus Blazek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 28 Thames St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 8 1883

Undertaker Henry McGinnis

Place of Business, No 8 Eutaw ave

John H Lehberger M. D.
Medical Attendant.

Address, 213 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Colin Mackenzie

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life with the exception of some years in England

Place of Death, {Give street and number.} 311 N. Charles St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Nervous Prostration

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 9/83

Undertaker, H. Kennedy Son

Place of Business, 9 & N. Howard St

J. S. Mackenzie M. D.
Medical Attendant.

Address 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

Permit No. 68902 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 8 1883 HEALTH ORG

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W. Lobier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 214 Hollins st

Cause of Death, First (Primary),

Second (Immediate). Dysentary 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bal Co

Date of Burial, Aug 8

Undertaker Geo H Cook

Place of Business, 701 W Bal

W. R. McShane M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Permit No. 68983

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Albert~~ Isaac Johnson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 19 Little Pine St.

Cause of Death, First, (Primary.) Valvular disease of Heart.

Second, (Immediate.) Dropsy. Exhaustion.

Duration of Last Sickness, 3 years. In bed 7 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Aug. 8/83

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St

R. H. Goldsmith, M.D.,

Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68907 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas B. Galloway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 7 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Locomotive Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 457 W. Lombard St

Cause of Death, First, (Primary,) Entero Hemorrhoids of Long

Second, (Immediate,) & Cerebro Laceration of Face

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug. 8/83

Undertaker, JOSEPH B. COOK, 1 E. BALTIMORE ST.

Place of Business,

J. A. Steiner M. D., Medical Attendant.

Address, 41 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6805 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 149 E Biddle St

Cause of Death, First (Primary). Cliff Palate

Second (Immediate). Exhaustion

Duration of Last Sickness, Since birth

the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem.

Date of Burial, Aug. 9th 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68906 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred N. Walters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 444 E. Fayette.

Cause of Death, First (Primary), Interstitial Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, Five months

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Aug 9/83

Undertaker Thy & Son

Place of Business, 27 Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, 1 Balt. & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68987 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Colton Schuldt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 189 N Eden Street

Cause of Death, First, (Primary,) Spinal Meningitis

Second, (Immediate,) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dallo County

Date of Burial, Aug 9/83

Undertaker, [illegible]

Place of Business, [illegible]

J. E. Whitelford M. D.,
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore. 68908

Permit No. 68908 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Emanuel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Fem

Age, ——— *Years,* 9 *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since Birth ✓

Place of Death, {Give street and Number.} 110 S Durham

Cause of Death, First (Primary), Debilitas

Second (Immediate), Weak

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 8th 83

Undertaker G. Frazier

Place of Business, 9 Bank St Address, Balto

Dr. Benjamin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68909

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 6. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Soers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* V *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 ½ Durham street

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera infantum.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Aug 8 83

Undertaker, G. Evans

Place of Business, Evans & Wise *Address,* 160 Saratoga st.

John J. Litzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6898 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1883 BALTIMORE.

Date of Death, August 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jones

Sex. ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 117 D Washington St

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 9th 83

Undertaker G. J. France

Place of Business, Evans & Wolfe *Address,* 117 D Broadway

R. H. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6891 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Haglema

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, –

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and Number.} S. E. Cor Ann & Alicanna Sts

Cause of Death,
First, (Primary,) Child Birth, aet 7 mo. Child dead
Second, (Immediate,) Exhaustion,

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Augt 9. 1883

Undertaker, H. Sandler Son

Place of Business, 202 Eastern Ave Address, 19 S Broadway

E. J. Way for W. R. Way M. D.,
Physician Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6812 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

Date of Death, August 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Reis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Elizabeth Lane

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, In Reformed St. Paul Cemetery

Date of Burial, August 9

C. A. Corbe M. D.,
Medical Attendant.

Undertaker, B. Walf

Place of Business, 81 Mart Pl Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6878 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mike Krabofski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and Number.} # 297 S. Durham St.

Cause of Death, First (Primary), croup (True)

Second (Immediate),

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, St. Thomas Ton

Date of Burial, Aug 9th 83

Undertaker J. France

Place of Business, Pant & Wolf *Address,* 2434 Eastern Ave.

John H Kehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68914 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1883

Date of Death, August 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmine Fellwock

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } No 308 Miccanna St

Cause of Death, { First, (Primary,) Valvular disease of the Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Aug 11th 83

Undertaker, G. Frazier

Place of Business, Frazier & Wolfe Address, 22 Jackson Square

Thomas J. Evans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68915 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 5 1893

Date of Death, Aug. 3rd 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johannice Klunicks

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 Months, 9 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 61 Burke

Cause of Death. First (Primary). Scarletina.

Second (Immediate). Convulsions

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Mont Carmel Cemetery

Date of Burial, August 4th 1893

Undertaker Wm. Nicolaus

Place of Business, 258 Alice Ann *Address,* 791 S. Broadway.

J. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6546 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Block

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,* V

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 mos,

Place of Death, {Give street and Number.} 294 Alice Anna St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, One month

the above Information should be furnished by the Physician.

Place of Burial, ~~Germans~~ Cemetery

Date of Burial, August 9th 1883

John H. Kehberger M. D.
Medical Attendant.

Undertaker Wm Nicolaus

Place of Business, 258 Alice Anna *Address,* 243 Alice Anna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6897 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Merson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 50 Woodwards St.

Cause of death, First, (Primary,) ....

Second, (Immediate,) Internal Spasm

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, aug 9th 1883

Undertaker, Jos H. Cook

Place of Business, 1617 N. Baltimore Street

L. H. L. Gall. M. D.,
Medical Attendant.

Address, 83 William St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6891/8 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gloria V. Barnes

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 481 N. Fayette St

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 9

Undertaker, J B Cook

Place of Business, 704 No. Balto St

Geo H Lipton M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dickerson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~4~~ *Years,* 1 *Months,* 22 *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} — Balto Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 138. Duncan alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Grove

Date of Burial, August 9th

Undertaker, W Wilkinson Jr

Place of Business, 220 E. Lombard St.

D. F. Leonard M. D.
Medical Attendant.

Address, 914 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 28920 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles O. Brennan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 84 N. Green St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Suppression Urine

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 9th 1883

Undertaker John J Andrews

Place of Business No 476 Druid Hill Ave

H H Miller M. D.
Medical Attendant.

Address, 184 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6892 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Bear

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} #2 Frederick st- formerly 110 E. Fayette st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Dr Spasm

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial Druid Hill Cemetery

Date of Burial, August 9th

Undertaker Fred Gaede

Place of Business, 29 S. Caroline

A Irsp Shertzer M. D.
Medical Attendant.

Address, 11 S. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68922 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Campbell

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 405 E. Balt. St.

Cause of Death. First (Primary). Insanus Mascitus

Second (Immediate). Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 8th 1883 G. G. Lusk M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...DISEASES on back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. Thompson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 Lancaster Ave

Cause of Death, First, (Primary.) Dr Fiekner

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 10th 1883

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw St

Ruth K. Mears M. D.
Medical Attendant.

Address, 534 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68924 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Higgins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Since Birth

Cause of Death, First (Primary),

Second (Immediate). Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C

Date of Burial, Aug 9.

Undertaker B Hoyle

Place of Business, 82 North

Thomas Corbin M. D.
Medical Attendant.

Address, 1160 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6825 *Office of Registrar of Vital Statistics.* Ward 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mason

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 5 *Days,*

Color ad

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 42 Low st

Cause of Death, First (Primary), no breast milk

Second (Immediate). Marasmus

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Augt 9 183

Undertaker Morgan & Kyd

Place of Business, 9 Mulberry St

E. G. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 68926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 1883

Date of Death, August 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis C. Amberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~14~~ 13 *Years,* 2 7 *Months,* ~~—~~ *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, About two years

Place of Death, {Give street and number.} 408 W. Fayette St

Cause of Death, First (Primary,) Sever Cold

Second (Immediate,) Inflam. of bowels

Duration of Last Sickness, Third weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy — Morris Steiner M. D.

Date of Burial, Aug 10th 1883 Medical Attendant.

Undertaker, John S. Thacher

Place of Business, No 156 Eastern Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1883

CERTIFICATE OF DEATH.

Date of Death, August 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria W. C. Clauss

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* 2 *Months,* 4 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Several Years.

Place of Death, {Give street and number} 19 E Lombard St

Cause of Death {First, (Primary,) Disease of Heart (Stenosis, Insufficiency)
Second, (Immediate,) Asthenia

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, August 10/83

Undertaker, C F Rau

Place of Business, 62½ W Bal St *Address,* 197 N Fayette St

A Tolbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6892 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1893

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Macks.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, Colored,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 20 Years,

Place of Death, {Give street and Number.} 14 Edward St

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate). Exhaustion.

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 7. 1883

Undertaker Wm. H. Madden

Place of Business, 46 East St

F. H. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 234 N. Calhoun St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Aug 10th

Undertaker, Martin Fahey

Place of Business, 128 Townsend St Address, 431 Penna. Ave.

J. H. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases at Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68930 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 9 1883 BALTIMORE

Date of Death, Aug 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Bettinger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 25 n Frederick st

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 10th 1883

Undertaker Jas P Byrne

Place of Business, 63 Front

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...ysician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68931 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1883

Full Name of Deceased. {Write legibly and spelt correctly. If an infant not named, give names of parents.} Lena Walter

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months.* 2 *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 97 E. Pratt St.

Cause of Death. First (Primary). Dentition with Complications

Second (Immediate).

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 10 1883 Geo. S. Kirkland M. D.

Medical Attendant.

Undertaker John Feeney

Place of Business 3 & 5 Caroline *Address,* 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

this Certificate.

Board of Health, City of Baltimore,

Permit No. 68732 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Eight (8th) August. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kaufmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Ten (10) *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Child -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time - 6

Place of Death, {Give street and Number.} 202 Forest St. Baltimore.

Cause of Death, First, (Primary,) Rheumatic, valvular disease of Heart

Second, (Immediate,) Dropsy. Anasarca & Ascites

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel } For Dr. John B. Van Bibber.

Date of Burial, August 10 1883. } M. C. Van Bibber M. D.,

Undertaker, John Henry } Medical Attendant.

Place of Business, 382 Canton } *Address,* 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...his Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 6 ... 83

CERTIFICATE OF DEATH.

Date of Death, Aug 8 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C Goodman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* / *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 4 S Pennit St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 4 S Pennit St

Cause of Death, First, (Primary.) Malaria

Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 10th 1883

Wm A. Jones M. D.
Medical Attendant.

Undertaker, S M Leonard & Son

Place of Business, 112 W Baltimore *Address,* Hollins st 2 Doors W. Hick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68734 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J. Christ

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 331 N. Caroline st.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Aug 9th 83

Undertaker E. F. Brause

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Frazier 3029

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 68935 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1893

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1893

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Reinard

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 112 Thames St

Cause of Death, First (Primary). Typho Malarial Fever

Second (Immediate). Spasm

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 August 1893

Undertaker John R Sichuh

Place of Business, Undertaker

Geo B Edwards M. D.

Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68936 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 9 1883

CERTIFICATE OF DEATH.

Date of Death, August 9th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert E. Simms

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 7 *Years,* 9 *Months.* —— *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} here

Duration of Residence in the City of Baltimore, L. B.

Place of Death, {Give street and Number.} 125 Eutaw St

Cause of Death First (Primary), Haemorrhagic diathesis

Second (Immediate), Epistaxis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 10th 1883

Undertaker Jos. B. Cook

Place of Business No 707 W Baltimore Street

Geo O Blake M. D.
Medical Attendant.

Address 168 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68937 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joanne R Beats

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 80 E Madison St

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) Concussion of the Brain

Duration of Last Sickness, Last hour or 2

All the above Information should be furnished by the Physician.

Place of Burial. Baltimore Cemetri

Date of Burial. August 10 1888

Undertaker, John Herwig *Address,*

Place of Business 382 Orleans St

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

12

Permit No. 68768

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1883

Date of Death, August 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Arnold Cottrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 320 Park Ave

Cause of Death, First, (Primary.) Hemoptysis

Second, (Immediate.) Pulmonal Hemorrhage

Duration of Last Sickness, Since July 16th 1883

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, August 12th

James Armitage *M.D.,*
Medical Attendant.

Undertaker, Charles Serrin

Place of Business, 271 N Eutaw St *Address,* 271 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68939 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1883

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

~~Sex, Male or~~ Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 230 Light

Cause of Death, First (Primary). Pseudo Membranous Croup

Second (Immediate). Suffocation

Duration of Last Sickness, 1 Day & ½

All the above info mation should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 10th 1883

Undertaker Ann Troy Dun

Place of Business, 240 Light *Address,* 207 Hanover

Augustus Wood M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6894 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 10 1883

CERTIFICATE OF DEATH.

Date of Death, August 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Beeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Three (3) *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 3 - Abbott Street

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Aug. 10th 1883. Chas. Glenn M. D.

Medical Attendant.

Undertaker Adam Finke

Place of Business, 461 N. Gay St. *Address,* Care Eugene Fairbairn 6th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That [illegible] shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, upon the case coming under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68741 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th August 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Kuhlmann

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 30 *Years,* ..... *Months,* ..... *Days,* 7

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Furniture Varnisher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #44 E. Biddle St.

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Ex haustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, Aug. 11th 1883

Undertaker, Adam Fink

Place of Business, #61 N. Gay St. *Address,* 254 N. Eutaw St.

G. F. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6891 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj. Corsin

Sex, Male or ~~Female~~, {Cross out the word not required, in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, c d

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cor. Christ & E. Montgomery St

Cause of Death, First (Primary), Congenital Hydrocephalus.

Second (Immediate), Convulsions

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, August 10th 1883

Date of Burial, Shaft Street Burial

Undertaker J. Davis

Place of Business, 103 Lee Street

Wm Gemmel M. D.
Medical Attendant.

Address, 1708 S. Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida. Mae Smith

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 2 *Years,* — *Months,* 1 *Days.*

Color, White *Sex,* Female.

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 76 P. Barnes St.

Cause of Death, First (Primary,) Ventilation.

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 10 1883

Undertaker, Henry Hoch

Place of Business, 309 N Caroline

J. M. Lockerd, M. D.
Medical Attendant.

Address 340 E. Bills St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 68747 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Dennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 94 N. Spring St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10th

Undertaker, Chas. A. Whyte

Place of Business, 35 Granby St.

E. B. Tenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68946 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Tales

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, 1 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Live Times

Place of Death, {Give street and Number.} 218 Mulliken St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 9th

Undertaker Mr Loach

Place of Business,

Geo. A. Dowell M. D.

Medical Attendant.

Address, On. of Steele

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ck of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68946 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael E. Quinlan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 136 Cross St

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Ft. Olyphant

Date of Burial, Augt 10-1883

Undertaker, C. F. Kranas

Place of Business,

M. D. Buck M. D.,
Medical Attendant.

Address, 151 Mason St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6894 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Lacey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 3 3 Years

Place of Death, { Give street and Number. } 191 Hanover ave

Cause of Death, { First (Primary), Cardiac Dropsy

Second (Immediate). }

Duration of Last Sickness, I have not seen him for some Time

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 11 th

{ *Undertaker* H. C. Wiedefeld

Place of Business, 90 Greenmount ave } *Address,* 171 N Carey

Geo B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ly attested to the Returns Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6946 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin D. Baldwin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Laurel Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and Number. } 44 S Carline St

Cause of Death, First (Primary), Fracture of Vertebra

Second (Immediate), Exhaustion

Duration of Last Sickness, Five Months

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 11th

Undertaker George Schilling

Place of Business,

James E Donnelle M. D.
Medical Attendant.

Address, 996 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68949 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, W.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 17 S. Washington

Cause of Death, First (Primary), Cholera Morbus - Diarrhoea

Second (Immediate), Asthenia

Duration of Last Sickness, 5 Days

All the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 12th 1883

F. L. Wilson M. D.
Medical Attendant.

Undertaker Henry A. Butchett

Place of Business, 65 S. Broadway *Address,* 65 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Instructions on the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 6825 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter P. Summerell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 5 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 387 Laurens st

Cause of Death, First (Primary), Suffocation by Gas and Fire from

Second (Immediate), not known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 11th 1883 Certificate Dr Tinsley M. D.

Undertaker John C Longhorn

Place of Business, 320 Penna ave *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 68761 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nancy Veney Aug 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Veney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Upton St

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,) I only saw this person twice the last time several wks ago

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Aug 10/1883

Undertaker, Wm J Gray

Place of Business, 66 Mulberry St

6 Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6822 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Loyd A. Brown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } S. Eden hall Ct

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 10th 1883

Undertaker Jas. M. Shaw

Place of Business, 198 S. Howard

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68953 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th August. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 123 Hill St.

Cause of Death, First (Primary), Measles in diathesis System

Second (Immediate), Convulsions et Coma

Duration of Last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 11th 83

Undertaker W. M. Mayo

Place of Business, 198 S. Howard Address, 146. Hill St.

J. L. Jones M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6896 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

Date of Death, Aug 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix L. Lopez

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 108 Monroe Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 1 week

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 10th 83

Undertaker Hogeboom & Son

Place of Business, Park & Saratoga *Address,* 2 Cathedral St

Felix Supplee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No. 6895

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* — *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 67 St Paul St

Cause of Death, { First, (Primary.) Scrofula

Second, (Immediate.) 2 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 9

Undertaker, E Kinchan

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 68956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Healy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days.*

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 10

Undertaker, G Duchan

Place of Business,

Thos. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

9

Permit No. 68957

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Greenwood

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 21 *Days.*

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death. { First, (Primary.) Second, (Immediate.) Hydrocephalus

Duration of Last Sickness, in the house 5 days only

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 10

Undertaker, E Quelch

Place of Business,

Thos. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68958 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE AUG 10 1883

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ernest Toney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 370 Cross St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Aug 9

Undertaker, F Archer

Place of Business,

Julius Stall M. D., Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6899 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hartmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Brewmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and Number.} N. W. Cor Eutaw & Camden St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Hemorrhage —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Public Cemetery

Date of Burial, Aug 9 1883

Undertaker F. A. Kercher

Place of Business, 129 Washington Ave

D. A. Bell M. D.
Medical Attendant

Coroner 3d Dist

Address 161 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6896 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hughes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days,*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, (?)

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Effusion in Menings

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Cup

Date of Burial, Aug 9

Undertaker, J Burkhart

Place of Business,

Walter Wyman M. D.,
Medical Attendant.

Address, Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 6896 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Cooke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Rope maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 4 Williamson

Cause of Death, First (Primary), (Aortic Stenosis)

Second (Immediate). Diseases of the Heart & Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, August 12

Undertaker B. Thad

Place of Business, 42 West St

Theodore Cook M. D.
Medical Attendant.

Address, 1406 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 68962 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Evans

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} F.

Age, 72 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.} Widow ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and Number.} 82 Block St.

Cause of Death, First (Primary), Dysentery

Second (Immediate), asthenia

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 12th 1883

{*Undertaker* Wm. Nicolaus} Jno. S. Lynch *M. D.*
Medical Attendant.

{*Place of Business,* 258 Alice Ann *Address,* 18 Broadway}

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68763 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Banks,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Housework,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 15 Years,

Place of Death, {Give street and Number.} 127 N Bethel St

Cause of Death, First (Primary), Tuberculosis Acute

Second (Immediate). Exhaustion

Duration of Last Sickness, 7 Wks,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, August 10th 1883

Undertaker William T. Dugan

Place of Business, 62 East St

J. W. Chambers M. D.
Medical Attendant.

Address, 132 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68964 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

Date of Death, Aug 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Actrude M. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 4 Months, 5 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 New St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 10th 83

Undertaker, Wm. Jas. Gray.

Place of Business, 65 Mulberry St.

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6895 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Foster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Sellman St Baltimore

Cause of Death, First (Primary), Baltimore

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 10

Undertaker H Ross

Place of Business 19 Conway St

U. S. Bro M. D.
Medical Attendant.

Address, 218 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8966 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Farden St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Double Bronchitis. (Apnoea.)

Duration of Last Sickness, As well as I can learn the history, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Chas. St Cemetery

Date of Burial, August 10th 1883

Eldridge C. Price, M. D.,
Medical Attendant.

Undertaker, A. V. Bishop Jr

Place of Business, 97 Druid Hill Ave Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68967 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1883

CERTIFICATE OF DEATH.

Date of Death, August 10- 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerhardt Kubaehs

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 71 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 81 N. Washington st

Cause of Death, First (Primary), Cholerine

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 12th 1883

P. J. Dausel M. D.
Medical Attendant.

Undertaker A. Hoehlen

Place of Business, 244 E. Lombard *Address,* 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6896 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Ott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 22 *Months,* —— *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 114 N. Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5th Govt St Near Calvert

Cause of Death, First (Primary), Malarial

Second (Immediate). Cerebral Apoplexy

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Friday Aug 10 1883

Undertaker E. F. Krause

Place of Business, Hanover St Near Hill

Geo. F. Bowen M. D.
Medical Attendant.

Address, 16th Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68969 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Aukett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

~~Color~~ White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.} V

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 103 N. Biddle St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Aug. 11, 1883

Undertaker, Thos. J. Hughes

Place of Business, 238 Madison St

J. M. White, M. D.,
Medical Attendant.

Address, 314 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68970 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Riddle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} Home for the Aged of the M. E. Church

Cause of Death, First, (Primary,) Heart-Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug 11th 1883

Undertaker, John J. Hatcher

Place of Business, 1615 Gaudy

J. Thos Hood M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAF

Board of Health, City of Baltimore,

Permit No 6897 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 10

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Frouica Johnmann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 411 E Eastle

Cause of Death. First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Lou Cedarmere

Date of Burial, Aug 12

Undertaker G Frank

Place of Business,

Geo. W. Rinsm M. D.
Medical Attendant.

Address Bm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68792 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased or spanner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 9. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary A. Hutchenson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 58 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 79 North Exeter

Cause of Death, First, (Primary.) Ovarian tumor
Second, (Immediate.) Shock after Operation

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial St Vincents

Date of Burial, August 11th 1883

Undertaker, James S Byrne

Place of Business, No 63 N Front St *Address,* 307 Madison av

J. B. Browne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 68973

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Buchman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} #244 N Durham St

Cause of Death, First, (Primary.) Inflamation of the Stomach & bowels

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, August 1883

Undertaker, James O Byrne

Place of Business, No 63 N Front St

James J Balk M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6897 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, aug 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alleman Sebley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 9 *Months,* *Days,*

Color, Wel

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} m d

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 8 Bolton S t

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August-11 83

Undertaker, A Hemsley

Place of Business, No 16 Dr Chase Pl. *Residence,* 219 Madison ave

G Lane Tompkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68970 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R Sinclair

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md'd

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and Number.} No 165 Jefferson St

Cause of Death, First (Primary), Severe Colds & Exposure

Second (Immediate), Broncho Pneumonitis

Duration of Last Sickness, about Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augs 12 1883

Undertaker John W Jackson

Place of Business, Gay & Gardner *Address,* 121 E Baltimore st

J Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 68976 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1983 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Loretto O'Brien

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, Years, 8 Months, 21 Days,

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 186 South

Cause of Death, First, (Primary,) Nasal Catarrh

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pitters C.

Date of Burial, August 12

Undertaker, B. Hart

Place of Business, 82 West 11 *Address,*

S Lucas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 68922 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 10th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Whitty Sr old

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 274 N Mount St

Cause of Death, First (Primary), General debility

Second (Immediate), Hemorrhage from the alimentary Canal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Augs. 11 1883

Undertaker H.W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 185 W Fayette St

J H Lemmy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 10

Permit No. 68978

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Aug 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Krueger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days, 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.}

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 11

Undertaker A Rosenberger

Place of Business,

Geo. H. Dunson M. D.

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

3

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Robbins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Seven Months, Days.

Color, Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 131 S. Bethel St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 131 S. Bethel St,

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 or 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12. 1883

Undertaker, J. Locks

Place of Business, 73 Jefferson

W. J. Board M. D.
Medical Attendant.

Address, 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

20

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 68980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT. AUG 11 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 10 Mos

Place of Death, {Give street and number.} 18 Vincent Ave

Cause of Death, First, (Primary.) Pulmonal Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 12th 1883

Undertaker, M. J. Jordan

Place of Business, 63 Bath Ave, *Address,* 163 Druid Hill Ave

Chas E Foutlon M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68981 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Adams

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* — *Days,*

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 62 Cross St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Inanition Fits & Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 12

Undertaker, Joseph R Cook

Place of Business, 707 W Pratt

A Bol. Mettauer M. D.,
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Extract from the Regulations of the Board of Health.

Board of Health, City of Baltimore.

Permit No. 18982 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Aug 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wale Parker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt- Life

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 2 Concord St near Old Town Cap-

Cause of Death, First (Primary), ...

Second (Immediate), Ulceration

Duration of Last Sickness, Two days.

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery -

Date of Burial, aug 11th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* .....

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

Permit No. 6883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ronna Hammerbacher

~~Sex, Male~~ or *Female,* {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 Pearl St

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug 12 1883

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

R Rutterawdt M. D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68984 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie I Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 46 N Eden St

Cause of Death, First, (Primary.) Malarial Febrile Convulsions

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Aug. 12 '83

Undertaker, M. A. Daige

Place of Business, 474 S. Bway

W. H. Stiffenderffer M. D.,
Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 68780 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death, First (Primary). Pulmonary Consumption

Second (Immediate).

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 12th

Undertaker I. B. Cook

Place of Business, 702 W. Balto

Edw F. Michaelson M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68786 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August. 10 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bernard Cockey

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* ~~11~~ *Months,* 24 *Days,*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City -

Duration of Residence in the City of Baltimore, During life -

Place of Death, {Give street and Number.} 52 Patterson Ave

Cause of Death, First, (Primary,) Typhoid Remitting Fever -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem.

Date of Burial, Aug 11th 83

Undertaker, C. H. Blizzard

Place of Business, 1980 Eutaw Av *Address,*

R. Rickert, M.D., *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6898 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 10 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Carr.

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} On Lanvale St & Point Lane - Punctured wound left side of chest

Cause of Death, First (Primary), ...

Second (Immediate), Hæmorrhage & Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bay View

Date of Burial, Aug 12

Undertaker Leo Schuerg

Place of Business, ...

Alexander Tinsley M. D.
~~Medical Attendant~~
Coroner.
Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 11 1883
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Carlin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 40 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 122 Tyson St

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) Acchemia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, August 12 83

F. E. Chatard M. D.
Medical Attendant.

Undertaker, Alf Hemsley

Place of Business, 160 N Charles St *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68989 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Wills

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 351 Franklin St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Hypertrophy of Heart

Duration of Last Sickness, 2 months.

All the above Information should be furnished by the Physician.

Place of Burial, Mound Olivet Cem.

Date of Burial, Aug 12

Undertaker, A. Rohde

Place of Business, 48 Penna ave

J. W. C. Cuddy M. D.,
Medical Attendant.

Address, 137 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

Board of Health, City of Baltimore,

Permit No. 68993 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Flashman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 201 Aisquith Ann St.

Cause of Death, First, (Primary.) Teething

Second, (Immediate,) Convulsions

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial St Johns

Date of Burial, Aug 12th 83

Undertaker, G. Frame

Place of Business, Park & Mott *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6899 1 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 12 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Augst 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sebastian & Mary Meunier Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days,* 1 hr

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 731 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Premature Birth

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augst 12th/83

Undertaker B. Hale

Place of Business, 82 West St

Geo. H. Dinsm M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68994 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner if requested so to do, under penalty of law.

AUG 12 1883
BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th — 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Barnes

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, African

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } No 2 Union Court

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 2 Union Court

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) ....

Duration of Last Sickness, entire lifetime or 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Aug 12th 1883.

Undertaker, W. W. Madden

Place of Business, 46 East Pratt

D V Moyer M. D.,
~~Medical Attendant.~~

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68993 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Simek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 94 41 Barnes st

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,)

Duration of Last Sickness, have seen it but once

All the above information should be furnished by the Physician.

Place of Burial St Alphonsis Cimiterty

Date of Burial, August 12

Undertaker, J. Ford and Co

Place of Business, corner Eastel - Waterson st

D O Whitehead M. D.,
Medical Attendant.

Address, 125 Eden -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [redacted] rks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 68994 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 11 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Morris

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, { Give street and Number. } 13 S. Eutaw St

Cause of Death, First (Primary), Suffocated by Gas

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Point Cemetery

Date of Burial, August 13

Undertaker H. Gilan

Place of Business, 101 Light St *Address,*

Alexander Tinsley M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of ~~Vital Statistics~~ in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68795 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Chase

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* One *Months,* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 Jones Court

Cause of Death, First (Primary), Measles

Second (Immediate). Pneumonia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Aug 12 1883

Undertaker W Edmondson

Place of Business, No 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

AUG 12 1883
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The [redacted] respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68996 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Kelly

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 54 *Years,* — *Months,* — *Days,* 5

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 4 Portia Place

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, 9 ~~Weeks~~ Months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 13th

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 68997 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mullen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 8 Jonson st. L. Pond

Cause of Death. First (Primary), Heart action impaired

Second (Immediate), Marasmus

Duration of Last Sickness, from birth. Object

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Aug. 12, 1883

Undertaker H. Sanderson

Place of Business, 202 Eastern Ave

E W Lamey M. D.
Medical Attendant.

Address, 845 Canton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68998 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannie Lofgreen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, (One hour) *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 403 Canton Avenue

Cause of Death, First, (Primary,) (Unknown)

Second, (Immediate,) Premature birth

Duration of Last Sickness, (one hour)

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 12. 1883

Undertaker, H. Sander Son

Place of Business, 252 Canton Av

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...is respectfully invited to the Remarks below, and to List of Diseases on ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68999 *Office of Registrar of Vital Statistics.* Ward 13 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Stelen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ... *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 98 I. Caroline Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ...

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 13 1883

James C. [illegible] M. D.,
Medical Attendant.

Undertaker, Leonhard Feurer

Place of Business, 277 S. Bond St. *Address,* 447 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 69000 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Harvey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, 5 years

Death, { Give street and Number. } 2 Pine Valley

First, (Primary,) Old age

Immediate,) Apoplexis

3 hours

nished by the Physician.

t Camb

1883

Dr A Lucas M. D.,

Medical Attendant.

Address, 150 N Eutaw

...l of Health to secure a full and correct record of ...in the City of Baltimore.

...whenever any person shall die in the said city, it shall be the duty ... or the Coroner, when the case comes under his notice, to furnish ...other persons superintending the Burial, a Certificate setting forth ...d condition (whether married or single) of the person deceased, and ... of illegitimate children.

[over.]

No 2

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Newberry

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 1 *Years,* 3 *Months,* 9 *Days.*

Color, W *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Chestnut Ave,

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Meningitis,

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12th 1883

Undertaker, Mr. L Offans

Place of Business, 317 Mulberry St

J. L. Ryle M. D.
Medical Attendant.

Address 247 Fawcett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of C

No. 69702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69702 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosine Freyth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, several days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary). Strangulated Hernia

Second (Immediate). Gangrene & Peritonitis

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Aug 12. 1883

Undertaker H. Sander & Son

Place of Business, 202 Canton Ave *Address,* City Hospital

G A Strauss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Off... No. 69003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69003. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED AUG 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1883 at 8.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Earle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 7 Kirby's Lane

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) ...

Duration of Last Sickness, 1 Mo & 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12th 1883

Undertaker, Wm L Hans

Place of Business, 317 Mulberry St

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 149 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office ... issued ... of each month.

No. 6900[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6900[illegible] *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hilman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and Number.} 256 Central Ave

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 14 1883

Undertaker Henry Hoods

Place of Business, 309 N Central Ave

M. B. Billingslea M. D.
Medical Attendant.

Address, 256 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

69005 Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturdays. No. 69005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69006 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Bouldin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Hoffman near Blair Road

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 13/83 P

Undertaker, Sup & Son

Place of Business, 67 & Broadway *Address,* Wm & Broadway

W W White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No 69056

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69056 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Thomas Ann Ifana

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Wool

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 S. Carrollton

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 14th 1883 G. G. Luck M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 66 S. Broadway *Address,* Balt. & Bank Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials [illegible] Saturday [illegible]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6988 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th day of August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella F. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 100 north Calhoun St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate.) 7 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 14th 1883

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street *Address,*

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued.

No. 6908

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6908 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Irving Gusdorf

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death. { Give street and Number. } 511 N. Fayette st.

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Heb. Shaara congregation cemetery

Date of Burial, aug 14 c/1883

Undertaker, Jos L Mark

Place of Business 1707 N Gilmor st *Address,* Med'l Fakir

J D Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6909

Board of Health, City of Baltimore,

Permit No. 6909

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Siegel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 104 E. Chester St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cemetery

Date of Burial, August 13 1893

Undertaker, John Kenney

Place of Business, 254 E. Lee St. *Address,*

J. Heloubka M. D., Medical Attendant.

McKeon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of
Permits for Burials to the Off[illegible] and

No 69610

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69610 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

Date of Death, August 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Sullivan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 8 Months, 4 Days,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 230 S. Gilmor

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, aug 14th 1883

Undertaker, Jas R. Carl

Place of Business, No 707 N Baltimore *Address,* Balto

J. L. Sullivan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ceived in City of Baltimore will make ref... f...ls to the Om... No. 6911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6911 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. M. O'Neil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 17 *Months,* 10 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Lemon St.

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 13th 1883

Undertaker Jos B. Cook

Place of Business 707 N Baltimore Street *Address,* 387 W. Lombard St

H. L. Spicer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69512 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Henson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 86 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, ...

Birthplace, {State or country, and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and Number.} 45 Arch St.

Cause of Death, First, (Primary.) decd

Second, (Immediate.) age

Duration of Last Sickness, for 2 or 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Shuth St Cemetery

Date of Burial, August 13

Undertaker, H. Ross

Place of Business, 75 Lombard St

Brockett M. D.,
Medical Attendant.

Address, 281 St. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6903

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6903 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Davies

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 467 S Wolf St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Three days

The above information should be furnished by the Physician.

Place of Burial, St James Cem.

Date of Burial, Aug. 13th 83

Undertaker G. Evans

Place of Business Evans & Wolfe

John A. Rehburg M. D.
Medical Attendant.

Address, 1143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69014 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha E. Henry

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 3 *Days,*

Color, Blk

~~*Married*~~, *Single, Widow or Widower* {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 2 3

Place of Death, {Give street and Number.} 208 West St.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14

Undertaker H Ross

Place of Business, 75 Lombard St

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of Burials to the Office

No. 6915

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6915 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Scribner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 4. Years

Place of Death, {Give street and Number.} 21. Winters St.

Cause of Death, First (Primary), Senral debility

Second (Immediate) Paralysis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, August 13

Undertaker H Ross

Place of Business, Monument St

J. D. Dyer M. D.
Medical Attendant.

Address, 146. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No. 69016

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug 11th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Ringgold

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } Widower

Occupation, Waiter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 66 Davis St

Cause of Death, { First, (Primary.) Apoplexy / Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug 13th 1883.

Undertaker, H J Woodson

Place of Business, 63 Park Ave

E Shipley M.D.,
Medical Attendant.

Address, 67 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16401

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6907 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard B. Jarrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* 15 *Days,*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Telegraph Operator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and Number.} 56 Thames

Cause of Death, First (Primary), Typhoid Fever - Pulmonary Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, 8 Weeks

All the above info mation should be furnished by the Physician.

Place of Burial, M. C. B. Ground Phila. Rd.

Date of Burial, Aug. 13th 1883.

Undertaker M. A. Daiger

Place of Business. 74 S. Bdwy, *Address,* 77 do. Broadway

J. L. Winston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

No. 69

Board of Health, City of Baltimore.

Permit No. 69018 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josey J. Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 6 Days,

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 719 L. Durham

Cause of Death. First (Primary). Acute Meningitis

Second (Immediate). Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 13 1883

Undertaker J. J. Locks

Place of Business, 73 Jefferson St *Address,* 77 So. Broadway

J. L. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 6901

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6901 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Gertrude Fenerty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 22 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 189 Constitution Av

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 13 th

Undertaker, H. O. Wiedefeld

Place of Business, 60 Greenmount Ave

Silas H Hunter M. D.,
Medical Attendant.

Address, 96 Gruenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 69020

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69020 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Scott

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 116 Sarah ann St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Zion C

Date of Burial, Aug 13

Undertaker M F Dwyer

Place of Business, ...

Geo. A. Denson M. D.
Medical Attendant.

Address, 1 Ost St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6921

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6952 / *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Appel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 104 Canton Ave.

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Aug 13th 1883

Undertaker H. Sander & Son

Place of Business, 252, Canton Ave. *Address,* 252 Canton Ave.

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6902

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6902 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an infant not named, give names of parents.} John Ryan

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 101 Caroline St

Cause of Death. First (Primary), Convulsions

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Aug 13th 1883

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave *Address,*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69023 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. E. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 21 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 424 N. Calhoun St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) "

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial Mount Auburn

Date of Burial, Aug 13

Undertaker, C. W. Shepard

Place of Business, 198 Lemmon

J. H. Chreitzberg M. D.,
Medical Attendant.

Address, 431 Penna. ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 69524

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69524 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 14 1883

CERTIFICATE OF DEATH.

Date of Death, August 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Duff

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days,* V

Color, [redacted] Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } Baltimore 18 McClellan St

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) ——

Duration of Last Sickness, Had no Physician ~~during~~ in her last stages

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C.

Date of Burial, May 14th 1883

Undertaker, W. F. Jordan

Place of Business, 63 Park Ave

H. S. Carstenson M. D.,
Medical Attendant.

Address, 24 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9025

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9025 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1883 Suppose

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas O Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Stansbury Court

Cause of Death. First (Primary). Accidentally Drowned

Second (Immediate). (Suppose) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holle Grove Cemetery

Date of Burial, August 14th 1883

Wm Murphy M. D.
Medical Attendant.

Undertaker Leonhard Kurtz

Place of Business, 277 S. Bond St. *Address,* 67 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Office where issued, Saturday of each week ... 69826

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69826 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Nidhammer

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balti.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 349 N. Biddle St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, aug 14th 1883

Undertaker, Geo B Cook

Place of Business, No 707 n Gay St Balto

A. M. Nelson M. D.,
Medical Attendant.

Address, 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6902

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl David Voigt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 6 ~~months~~ *Years,* 5 *Months,* 1 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 348 Franklin St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 15th 1883

Undertaker, H Eberly

Place of Business 707 W Baltimore

Dr. H Hellmuth M. D., Medical Attendant.

Address 120 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69828 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1883

CERTIFICATE OF DEATH.

Date of Death, August 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Tobb.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* 25 *Days.*

Color, White,

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 186 Mosher St.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug. 14th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 W Fremont Address 273 Lexington Ave,

Chas. L. L. Hoge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69022

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 69022

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 14 1883 BALTO.

CERTIFICATE OF DEATH.

Date of Death, 13th August 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Davis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Dolphin St.

Cause of Death, {First (Primary,) Meningitis. Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 15th 1883

{*Undertaker,* Chas. T. Scriven
Place of Business, 271 N. Eutaw St

Geo. J. Collins M. D.
Medical Attendant.
80 N. John St.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69830 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 - 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno R Small

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} City Hospital

Cause of Death. First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15 - 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

J R Clark M. D.
Medical Attendant.

City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6983 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1883 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, ~~August 13th 1883~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, (Colored)

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} # 69 East Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Asbury Cemetery

Date of Burial, August 14 83

Undertaker, William A Dugee

Place of Business, 62 East St

Samil F. Powell M. D.,
Medical Attendant.

Address, # 29 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6903

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69032 — *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 12. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jenkins

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, Fourteen yrs.

Place of Death, {Give street and Number.} 90 N. Milliman Al.

Cause of Death, First (Primary), Tuberculous Peritonitis

Second (Immediate), Anasarca

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15 1883

Undertaker Wilmont Driggs

Place of Business, 62 East St

G. G. Luck M. D.
Medical Attendant.

Address, Balto & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69033 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1893

Date of Death, Aug 14th 83-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Euler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 97 S Pobbleton

Cause of Death, First (Primary), Scarlet Fever & Diphtheria

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, August 15-

Undertaker Walter Immel

Place of Business, 315 West Biddle

J H Kenney M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 6973

Board of Health, City of Baltimore,

Permit No. 69634 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 14 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Carpen

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, C C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 7 Fones 252

Cause of Death, First (Primary). .....

Second (Immediate). Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 14

Undertaker C F Lusby

Place of Business, ...

Geo. H. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10 9 Lemon alley

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Canfield

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 9 Lemon alley

Cause of Death, First, (Primary,) Scarlatina Malignia

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, H. Pres

Date of Burial, August 11th 93

W. C. Jones M. D.
Medical Attendant.

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St *Address,* 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 47056 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Margaret Bolz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Fifty Four *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, { Give street and Number. } No. 104 North Springsteet

Cause of Death, First (Primary). .....

Second (Immediate). Consumption

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetri

Date of Burial, August 16 1883

Undertaker John Herring

Place of Business, 382 Orleans St *Address,* No 107 N Broadway

Wm. H. Cudmire, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 6705

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19057 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of D & A Ryan

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* about 12 ~~Hours~~ Days

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 216 S Chapel

Cause of Death, First (Primary), Premature Birth

Second (Immediate), "

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 14 1883

Undertaker C F Kram

Place of Business, Bond St

Geo. R. Dunson M. D.

~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Permit No. 69038

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac L. Keene

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Gas Fitter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~126~~ 122 E. Lexington St

Cause of Death, First, (Primary.) Pt Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Augt 16th 1883

E. G. Wolch *M.D.,*

Medical Attendant.

Undertaker, J. Loritz

Place of Business, #156 N. Madison St, *Address,* 511 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK S

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69039 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

Date of Death, August 14th 1½ P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James R. Fleet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 05 05 *Years,* *Months.* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Supervisor Harbor Board

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 175 Fairmount Ave

Cause of Death, First (Primary), Dropsy of the Heart

Second (Immediate),

Duration of Last Sickness, Long Time

the above information should be furnished by the Physician.

Place of Burial, Green Mound

Date of Burial, Aug 15/83

Undertaker Fuller Bro

Place of Business, 813 Broadway

James E Donnelly M. D.
Medical Attendant.

Address, 196 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69045

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 14. 1883 BALTIMORE.

Date of Death, August 13th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Louisa Straube

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 6 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} ~~Diphtheria~~ No 185 S. Bond

Cause of Death, First (Primary), ~~Diphtheria~~ (Croup)

Second (Immediate).

Duration of Last Sickness, 24 hours

the above information should be furnished by the Physician.

Place of Burial, Ev Evangelical Lem

Date of Burial, August 14th 83

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. [illegible]

Board of Health, City of Baltimore.

Permit No. 6904 1 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1883

Date of Death, August 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Bowen Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 61 — *Years,* ~~Months.~~ ~~Days.~~

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 61 Cambridge st

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, — 24 Hours —

the above information should be furnished by the Physician.

Place of Burial, N. Methodist Ch

Date of Burial, August 15th 83

Undertaker H. O. Sander & Son

Place of Business, 252 Canton Ave

Thomas F. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69042 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 13: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Maloney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3d *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 166 Dover St

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,) —

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, August 16th

{*Undertaker,* John S. Macheri

{*Place of Business,* 156 Camden st} *Address,*

H. M. Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6964 3 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

Date of Death, Aug 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Richardson

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days,*

Color, B

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and Number.} 517 East 1st

Cause of Death. First (Primary), Hemorrhage Lungs

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Bethel Cem.

Date of Burial, Aug 14 1883

Undertaker G Kinsman

Place of Business,

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore, 1883

Permit No. 69044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt John [illegible] Claypoole.

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, Eighty — *Years,* One *Months,* twenty one *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County. Md

Duration of Residence in the City of Baltimore, 3y years.

Place of Death, {Give street and number} 223 Edmonson ave.

Cause of Death {First, (Primary,) Senility —
Second, (Immediate,) Paralysis.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 15/83

Undertaker, Sidney V Mitchell

Place of Business, 1501 W Fayette

N. C. Adams M. D.
Medical Attendant.

Address, 212 Dis[illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 69045 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. F. Stood.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33, *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 19 E. Saratoga St.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Diarrhea.

Duration of Last Sickness, 15 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus County

Date of Burial, August 15th

Undertaker, F. D. Toole

Place of Business, #131 Hanover St *Address,* 273 Lexington St

Wm. A. Stroud M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co[illegible]

Board of Health, City of Baltimore.

Permit No. 69826 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarth Schneider

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 2 *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} V

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 4 Haw St

Cause of Death. First (Primary), Enteritis

Second (Immediate) Abscess of caecum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem

Date of Burial, Aug 15th 83

Undertaker G. Frank

Place of Business, Bank & Wolf *Address,* 166 S. Paca st.

A. A. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 69041 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 15 1893

Date of Death, Aug 13th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 9 *Months,* ~~Days,~~ V

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 249 Durham st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 24 Hours

All the above Information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Aug 14 "93

Undertaker, G. F. Francy

Place of Business, Pauls & Wolf

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69048 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out;* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

Date of Death, August 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace A. Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 22 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 330 W. Lombard St

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 15th

Undertaker, John S. Maher

Place of Business, 150 Camden

John Neff M. D.,
Medical Attendant.

Address, 226 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6949

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Kegs

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, / *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and number } 156 Front St

Cause of Death, First, (Primary,) Burned deformed & membranes from disease

Second, (Immediate,) Meningitis & Exhaustion, visit

Duration of last Sickness, 3 days, He had been sick ever since

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 15th 1883

Undertaker, Alex. Ofenseley

Place of Business, 116 Orchard St

W. B. Griffitt M. D.
Medical Attendant.

Address, 158 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 67

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6908 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, abt 33 *Years,* — *Months,* — *Days,*

Color, C

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, abt 25 Years

Place of Death, {Give street and Number.} rear 16 foot alley

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Mary Church

Date of Burial, Aug 15 1883

Undertaker Wm W Madden

Place of Business, 46 Eastern Av

Chas M. Woolf M. D.
Medical Attendant.

Coroner's Office

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6905 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tolgeier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and Number.} 103 Pulaski

Cause of Death, First (Primary), Asphyxia

Second (Immediate), Paralysis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 16

Undertaker B Hare

Place of Business,

Harden Bond M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

Permit No. 6902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ella Lyon

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Waterboro S Ca

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } cor. Townsend & Stiles Sts

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Coma

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholem Cem

Date of Burial, Aug 16th 1883

S. A. Chew M. D.
Medical Attendant.

Undertaker, W. H. Jenkins & Sons

Place of Business, Park & Saratoga Sts — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 69193 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1983 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Agnus Baldwin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* — *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 15 Greenmount Ave

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 15th

Undertaker, H. A. Wiedefeld

Place of Business, 90 Greenmount Ave

Silas H Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67057 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ~~Ind~~ —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 217 Forest Ave

Cause of Death, First, (Primary,) Heart Disease "

Second, (Immediate,) Syncope

Duration of Last Sickness, 20 hrs

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Aug 15th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gruntmount Ave

D. Street M. D.,
Medical Attendant.

Address, 142 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6905 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Newman

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, × *Years,* four *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} ×

Occupation ×

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 1191 Paca Street

Cause of Death, First (Primary). Cholera infantum

Second (Immediate). Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, August 15

Undertaker Wm. Wilson

Place of Business, 101 Gay & 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6906 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 15 1883 BALTIMORE

Date of Death, August 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wilmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Tractor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 36 Rose St

Cause of Death, First (Primary), Consumption

Second (Immediate), Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial Mount Auburn Cemetery

Date of Burial, Aug 15th 1883

Undertaker L H Chase

Place of Business 198 Saratoga Address 177 N Eutaw St

R F Carruthers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully directed to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6965 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Douglass

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 E Mead St

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 15. 1883

Undertaker, S W Chase

Place of Business 198 S. Howard

D. V. Moyer *M. D.,*
Medical Attendant.

Address 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6,048 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Shannon

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Seamstress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, { Give street and Number. } 149 Ridgely St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, Aug 16th 1883

Undertaker Joseph F Byrne

Place of Business, 59 n Liberty *Address,* 57 Augusta Ave

Edward [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 6997 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Phillips

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 48

Place of Death, {Give street and Number.} 6 Fulford al,

Cause of Death, First (Primary), Gastro-enteritis

Second (Immediate), Inanition / Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Assn.

Date of Burial, August 16

Undertaker B. Hurd

Place of Business, 62 West St

Rich'd Ellis M. D.
Medical Attendant.

Address, 313 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 69060 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Joseph Hollis

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 26 Orchard St

Cause of Death, First, (Primary,) Chol Infant

Second, (Immediate,) " "

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Aug 12 83

Undertaker, A Hemsley

Place of Business,

E. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6961 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an infant not named, give names of parents.} Mary Schlosser

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, white

~~*Married,* *Single,* *Widow or Widower*~~ {Cross out the word not required in this line.} ———

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 519 Franklin st. Balt city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 519 Franklin st

Cause of Death, First (Primary). Trismus Nascentium

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Aug 10th 1883

Undertaker D Cuny & Mitchell

Place of Business, 550 W Fayette st

R 4 Mansfield M. D.
Medical Attendant.

Address 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 67062 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Warner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* — *Months,* *Days,*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County.

Duration of Residence in the City of Baltimore, 2y 9 mo

Place of Death, {Give street and Number.} Conn Madison & Sterling

Cause of Death, First (Primary), Disease of Mitral Valve

Second (Immediate), ~~—~~ Dropsy.

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bourbon Cemetery

Date of Burial, Aug 15th 83

Undertaker J. C. Zodes

Place of Business, 53 Jefferson

S. C. Bond M. D.
Medical Attendant.

Address, 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6963 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Edw Miller

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, One *Years,* eight *Months,* fifteen *Days.*

Color, White

Married. Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death: {Give street and Number.} 9 L Sterret St

Cause of Death. First (Primary), Intussusception

Second (Immediate), Asthenia

Duration of Last Sickness, five weeks

All the above Information should be furnished by the Physician.

Place of Burial, [illegible] Cem

Date of Burial, Aug 17th 1883

Undertaker John [illegible]

Place of Business, No 150 Lombard St

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 69067 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Warnick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 98 Eden Street

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,) Inanition

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 16th

Undertaker, Geo Schilling

Place of Business, ...

J. E. Wolleston M. D.,
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 69865 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas J Walton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 Walker St

Cause of Death, First (Primary),

Second (Immediate). Tissues Vaccination

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 16th 1883

Undertaker Th. J. Dill

Place of Business, 183 Columbia Av. *Address,* 168 Race St

Jno D Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 69066 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Between 7 P.M. Augt 13 & 5 A.M. Augt 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Alice Carey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and Number} 175 Vincent ave

Cause of Death, First (Primary), Nervous Shock- caused by Injuries at the

Second (Immediate), hands of her husband.

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial Old Cathedral

Date of Burial, Aug 16

Undertaker C W Blizzard

Place of Business, 198 Pearl

Alexander Finley M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69067 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hasterick

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baco

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } S. E. cor Washington & Orleans sts.

Cause of Death, First, (Primary,) Convulsions.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Aug 17 1883

Undertaker, John Kenney

Place of Business, 382 Orleans St *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

No. 690

Board of Health, City of Baltimore,

Permit No. 6906 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Witz.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 3 *Months,* 25 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 144 N Bethel St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about a year

All the above Information should be furnished by the Physician.

Place of Burial Lutheran C

Date of Burial Aug 16 th

Undertaker, W Leippel

Place of Business,

D W Cathell M. D., Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 6906 *Office of Registrar of Vital Statistics.* Ward 1 X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob West

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 11 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } Tyler's Wharf Canton R

Cause of Death, { First (Primary), 1 Accidentally Drowned
Second (Immediate). 2
3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Aug. 16. 1883

Undertaker H. Sander & Son

Place of Business 252 Canton Ave *Address,* 62 Wells St

Chas H. McNulty M. D.
Medical Attendant.
Corner 62 Wells St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 6970 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

Date of Death, Aug 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Bell Ruth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} [illegible]

Cause of Death. First (Primary). [illegible]

Second (Immediate). [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Aug 16. 1883

Undertaker H. Sander & Son

Place of Business 202 Caton Ave *Address.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 69071 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 16 1883 BALTIMORE

Date of Death, August 15 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Seetus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 Lewis alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 17th 1883

Undertaker Samuel H. Shaw

Place of Business, 198 Howard St

W. S. Bozz M. D.
Medical Attendant.

Address, 216 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6972 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Kreiling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany – 3 mos in U. S.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and Number.} 4 Burrough St

Cause of Death, First (Primary), ...

Second (Immediate), Gastro-Enteritis (diarrhoeal)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, August 16

Undertaker Barnard Mark

Place of Business, 82 West St.

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 6907 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia White

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 40 Years

Place of Death. {Give street and Number.} No 332 N. Gilmor St

Cause of Death. First (Primary). Intestinal Colic

Second (Immediate). Exhaustion

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 16th 1883

Undertaker Denny & Mitchell

Place of Business. 550 W Fayette St *Address,*

C. C. Spence M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

Permit No. 6907 H

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis C. Scott

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commission Broker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 212 Hoffman St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Probable pressure of Blood Clot on nerve Centre of Respiration & Circulation

Duration of last Sickness, about 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 17th 1883 Nathan R. Gorter M. D.

Medical Attendant.

Undertaker, John E. Mongle & Co

Place of Business, 320 Penna Ave *Address,* 29 Hamilton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 6025 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Yosick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 15 Barnes St

Cause of Death, First (Primary), ...

Second (Immediate), Scarlatina

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius

Date of Burial, Aug 17th 1883

Milton Shaw M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 411 N. Gay *Address,* West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

Board of Health, City of Baltimore,

Permit No. 69076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Gindra

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, {Give street and number} 297 N Durham St

Cause of Death {First, (Primary,) Chronic Irritation of the bowels
Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetry

Date of Burial, August 17 1883

Undertaker, John Kenney

Place of Business, 532 N Eden St

E Geo Walls M. D.
Medical Attendant.

Address, 417 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 6977 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bird

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 1 Year 5 mos.

Place of Death, {Give street and Number.} 61 Raborg St.

Cause of Death, First (Primary), Pub. Phthisis

Second (Immediate),

Duration of Last Sickness, 4 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 17th 1883

Undertaker W. N. Bishop

Place of Business, 97 Druid Hill Ave. *Residence,* 15 Eutaw

F. G. Moyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this. No.

Board of Health, City of Baltimore,

Permit No. 6978 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Viola Reynolds

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } —

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 578 Pennsylvania ave

Cause of Death, First (Primary), ...

Second (Immediate), Scrofula

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 17

Undertaker J Block

Place of Business, 707 W Baltimore

W. R. McShea M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12 **Board of Health, City of Baltimore,**

Permit No. 69179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 16 1883 BALTIMORE

Date of Death, August 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Green Bates

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 14 Ellwig St

Cause of Death { First, (Primary,) Consumption

{ Second, (Immediate,)

Duration of last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, August 18th

Undertaker, Charles Senseman

Place of Business, 271 Eutaw St *Address,* 92 Madison

E. Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ing, also to list of Diseases on back of this Certificate.

17

Board of Health, City of Baltimore,

Permit No. 6980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE, MD.

Date of Death, Aug 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Ford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 mos — *Years,* ~~*Months,*~~ *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 34 Heath St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some mos

All the above information should be furnished by the Physician.

Place of Burial, Hamden Balto

Date of Burial, August 17th 1883

Undertaker, John J Andrews

Place of Business 1644 6 Druid Hill Ave

Ca L. K. Marmet M. D.

Medical Attendant.

per. W. F. Loeckund M.D.

Address Park Madison Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 69081

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 16th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur McCann.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 17/83.

Undertaker, McVeagh.

Place of Business, Fusin & Emmert & *Address,* Harlem av. Calhoun.

R. H. Goldsmith, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 6908 2

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th — 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Stubbs —

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 17/83.

Undertaker, Geo. Keagle.

Place of Business, Fisher & Hammond. *Address,* Aisquith & Baltimore Sts.

R. H. Goldsmith, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69086 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 17 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Buechner

Sex, ~~Male or~~ *Female.* { Cross out the word not required in this line. }

Age, ~ *Years,* 14 *Months,* ~ *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balte

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 378 Aisquith St.

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Catholic

Date of Burial, August 17, 1883

Undertaker Henry Heath

Place of Business, 309 Central Av *Address,* 1884 Eutaw St

Oscar J. Fahrney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 9887 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 16 / 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susanah Shroud

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } × Alexandria

Duration of Residence in the City of Baltimore, × 52 Years

Place of Death, { Give street and Number. } 438 E. Madison St

Cause of Death, First, (Primary,) Age

Second, (Immediate,)

Duration of Last Sickness, × 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 18 - 1883

Undertaker, Henry Hoak

Place of Business, 316 N Paca St

W. W. White M. D.,
Medical Attendant.

Address, 317 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6985 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward John Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Death

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 Monument ow

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Debility - Want of Nourishment

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Aug 17

Undertaker B Hall

Place of Business,

Edward O'Donnell M. D.
Medical Attendant.

Address, 446 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 0 8 5 6 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
AUG 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James O Randolf Foste

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* *Months,* *Days,*

Color, Light

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 2 Hillen Court

Cause of Death. { First (Primary), Chelera Infantum
Second (Immediate), Convulsions

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17th 1883

Undertaker W. H. Bishop

Place of Business, 97 Druid Hill Ave

Medical Attendant, M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6988 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Pursley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 68 *Years,* 3 *Months,* 26 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Cabinet Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot County Maryland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 263 Hoffman St

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks (I was called in six days before death)

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 17th

Undertaker, Charles Scriven

Place of Business, 271 N Eutaw St

Geo. E. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 62088 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 17 1883 BALTIMORE, MD.

Date of Death, Aug 16th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Jane Tees

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 1493 Fayette St East

Cause of Death, First (Primary).

Second (Immediate). Consumption 8 mos.

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augt 18th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St.

O. J. Nelson *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69089 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Charles McLean

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, abt 20 Years

Place of Death. {Give street and Number.} 212 Lowden Avenue

Cause of Death, First (Primary), 2 Heart Disease

Second (Immediate). 3

Duration of Last Sickness, abt 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville

Date of Burial, Aug 19th 83

Undertaker Helmsterler & Sons

Place of Business, Pa Ave & Saratoga

Chas M. Morfit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6,020 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Skalski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 176 S Edenst

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathias

Date of Burial, Aug 17th

Undertaker Wm Deppe

Place of Business,

Geo. W. Benson M. D.
~~Medical Assistant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6991 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Riedaer

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 1 *Years,* *Months,* *Days,*

Color, W hite.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cit.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} Penna. Ave. Extended

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Enteritis

Duration of Last Sickness, 2 mth.

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, August 17th

Undertaker, Aug. Rohde

Place of Business, 45 Penna. Ave

Rickert *M. D.,*
Medical Attendant.

Address, Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6702 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2 Aug 16th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Parker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 62 Elbow Lane

Cause of Death, First (Primary). Typhoid Malarial

Second (Immediate). Pneumonia

Duration of Last Sickness, 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 18

Undertaker H Ross

Place of Business, Monument St.

Louis C Horn M. D.
per H H K
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

Board of Health, City of Baltimore,

Permit No. 6996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. AUG 17 1883

CERTIFICATE OF DEATH.

Date of Death, August 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Du Gas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 358 Cor Franklin & Shrader

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Debility

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Aug 18

Undertaker, J B Cook

Place of Business, 707 W Balto

D. R. Uhler M. D.
Medical Attendant.

Address, 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. MURPHY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...Line of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69394 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

Date of Death, 7 30 o'clock A M Aug 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Cassaday

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} N° 8 Harris Alley

Cause of Death, First, (Primary,) Dentation & Malaria

Second, (Immediate,) Haemorrhinia or Epistaxis

Duration of Last Sickness, 10 19 day

All the above information should be furnished by the Physician.

Place of Burial, St Patricks burg

Date of Burial, August 17th

Undertaker, Jno. Saunders Son

Place of Business, 252 Canton Av

J. E. Prichard M. D.,
Medical Attendant.

Address, 28, O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 95.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2 Board of Health, City of Baltimore,

Permit No. 69695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16. August 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Meibelberger.

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Six *Years,* One *Months,* Twenty-eight *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 246 E. Bond Str.

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheritis.

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowe

Date of Burial, August 17th 83

Robert Smith M. D.
Medical Attendant.

Undertaker, H. Lee Lindenberger

Place of Business, 232 Canton Av. *Address,* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69096 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY OFFICE AUG 17 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday August 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Warden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* 7 *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 3 Wilmer Ave

Cause of Death, First, (Primary.) Necrosis

Second, (Immediate,) Pharyngitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17 1883

Undertaker, William Longes

Place of Business, No 62 East 3 Street

H A Wilson M. D.,
Medical Attendant.

Address, 1 East Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6907 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wisband

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} South

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Anaemia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Aug 16/83

Undertaker Jno. A. Kirchner

Place of Business, 129 N. Arlington Ave. *Address,* University Hospital

J. W. Esh *M. D.*
Medical Attendant.

AUG 17 1883
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69698

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69698 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Gavlik

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 176 S. Eden St

Cause of Death, First (Primary), Croup (True)

Second (Immediate).

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemty.

Date of Burial, Aug. 18 1883 John A. Kahlberger M. D.

Undertaker G. Franz Medical Attendant.

Place of Business, Bank & Wolfe *Address,* 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69099 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 17 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} August Schaffer

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days* ✓

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Standing No 1 foot of Bunting St

Cause of Death. First (Primary), Accidentally Drowned

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas & Cem

Date of Burial, Aug 17 83

Undertaker G. L. Franc

Place of Business, Bank & Wolf *Address,* Conn & Eutaw Sts

Chas M. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9100 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER OF DEEDS
AUG 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lorsinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 20 *Months,* — *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 665 S. Mount St

Cause of death, First, (Primary,) Diphtheria sequels upon Scarlatina

Second, (Immediate,) Toxaemia and Exhaustion —

Duration of Last Sickness, 5 d/s

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 day of August

Undertaker, J. H. Kies

Place of Business, 858 W. Pratt St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday August 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McIlvain Dunn

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 months *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 9. Hom St.

Cause of Death First, (Primary,) Dysentery

Second, (Immediate,) Cerebral congestion & Convulsions

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 18 1883

Undertaker, Henry Hook

Place of Business, 204 N. Central *Address,*

T. J. Summe

Office 241 N Broadway *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6902 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883

CERTIFICATE OF DEATH.

Date of Death, August 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eva Vogelsinger

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and Number. } 40 Laurel Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Paralysis

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas

Date of Burial, Aug 19

Undertaker Pue & Frey

Place of Business, 91 Eastern Ave.

E. W. Short M. D.
Medical Attendant.

Address, 1 Eager Corner Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6986 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Merriken

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* 3 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 67 Wolf St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicemia

Duration of Last Sickness, 48 Hours

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 18/83

Undertaker Henry McKinnis

Place of Business, 8 N Central Ave

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6910

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6/107 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah H Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} Beaching Ship Yard

Cause of Death, First (Primary), Accidental Drowning

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Aug 19 84

Undertaker Armstrong Bros

Place of Business, 263 Light *Address,*

Ed. Bell *M. D.*
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69105 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 18" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Deitzel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 1 Danulet St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bacho

Date of Burial, Aug 19

Undertaker, Fulton Koehler

Place of Business, ... *Address,* 110 Future Ave

O A Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6716 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 16. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Chambers.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 53 Stockholm St.

Cause of Death,
First (Primary), Cholera Infantum
Second (Immediate), Exhaustion

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Aug 18

Undertaker [redacted]

Place of Business,

A. G. Watts. M. D.
Medical Attendant.

Address 282 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6907 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 3 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bacto.

Duration of Residence in the City of Baltimore, Expiring

Place of Death, {Give street and Number.} 330 N. Lombard St.

Cause of Death, First, (Primary,) Scarletina Malgina

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 18th 1883

Undertaker, John Meacher

Place of Business, N 150 Lombard

John Griffs M. D.,
Medical Attendant.

Address, 506 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6908 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1883

CERTIFICATE OF DEATH.

Date of Death, August 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Thos H. Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Six *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and Number.} 502 N. Fremont St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 18.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St. *Address,* 431 Penna. Ave.

H. H. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6905 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis M. Cole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months.* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 187 Dover St

Cause of Death, First (Primary). Marasmus

Second (Immediate). "

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Aug 13/83

Undertaker Jno. A. Kirchner

Place of Business, 129 N. Arlington Ave *Address,* 161 E. Saratoga St

Dr. A. Bell *M. D.*

~~Medical Attendant~~ Coroner's Phys

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6910 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Sanks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 18 *Years,* Three *Months,* ~~—~~ *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Single

Occupation Errand Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and Number.} 32 Bolton St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), ~~—~~

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Fernel Cemetery

Date of Burial, Aug 18 1883

Undertaker William Monroe

Place of Business, No 62 East Street

H. J. Jones M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69111 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Dixon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 6 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 469 Saratoga St

Cause of death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Auburn Cem

Date of Burial, Augt 19

Undertaker, J Bloch

Place of Business, 707 West Baltimore St

Geo V A Capito M. D.,
Medical Attendant.

Address, 1 Wanley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight-hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 "

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Priscilla Miller

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, { Give street and number } 202 N. Fayette St.

Cause of Death, { First, (Primary,) { Second, (Immediate,) } Old age.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Aug 19th 1883

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St

H. E. Hellmuth M. D.
Medical Attendant.

Address, Fay & Mears

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6913 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 253 Preston St

Cause of Death, First (Primary),

Second (Immediate). Dysentery

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Asbury & Green County

Date of Burial, Aug 19. 83

Undertaker A. Z. Henry

Place of Business,

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Stanks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 7 *Months,* ____ *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 79 Jasper st.

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) "

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19 83

H. R. Fetterolf M. D.
Medical Attendant.

Undertaker, A Hennly

Place of Business, ____ *Address,* 205 N. Bridge st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6915 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1883

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* 4 *Days,*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Four Days

Place of Death, {Give street and Number.} 16 N Monroe Alley

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 18. 83

Undertaker A Hemsley

Place of Business, *Address,*

F. F. Bahn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 6916 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minda Boogden

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* *Days,*

Color, Brown

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 28 Lisier st.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and Number.} No. 28 Lisier st.

Cause of Death, First (Primary), Gastric Fever

Second (Immediate), Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanpst Cemetery

Date of Burial, Aug 19 83

Undertaker A Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6917 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Isabella Burr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Nineteen *Months,* ..... *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 7 Boulding alley

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} No 7 Boulding alley

Cause of Death, First, (Primary,) Cerebral Effusion

Second, (Immediate,) Paralysis

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 19/83

Undertaker, Alex Hemsley

Place of Business, 116 Orchard

Chas E. Sadtler M. D.,

Medical Attendant.

Address, Bloomsburg Pa per Dr. A. Bell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6918 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Hawkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* 22 *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and Number.} Female House of Refuge

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about 18 months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, August 19th 1883

Undertaker, John J Andrews

Place of Business, No 4 & 6 Druid Hill Ave.

Flora A. Brewster M. D.,
Medical Attendant.

Address, 304 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20

Board of Health, City of Baltimore,

Permit No. 6911 9

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margrate Lewis

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 69 *Years,* 7 *Months,* 15 *Days.*

Color, Colard

Married, ~~Single~~ Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Fredrick Co Md

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} N B 13 Cecil Row

Cause of Death, First, (Primary.) old Ages

Second, (Immediate.) Bronchus 6 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 19 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry Street

J Ernest M.D.,
Medical Attendant.

Address, No 36 Lawrence

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 69120 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 August 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ada Hofman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* 2 *Months,* 2 *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Servant.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 4

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 29 Lonett.

Cause of Death, First (Primary), Typhus abdom.

Second (Immediate),

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 Aug 2 Oclock

Undertaker Jno E Carman

Place of Business, 38 Eager

C H Coffman M. D.
Medical Attendant.

Address, 54 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore.

Permit No. ..... *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 18 August 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julie A Hofmann

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, ... 20 *Years,* — *Months,* — *Days.*

Color, ... white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation ..... Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany. (Reichsmannshausen Bavaria)

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 29 Lombard.

Cause of Death, { First (Primary). Typhus abdom. / Second (Immediate). } .....

Duration of Last Sickness, 2 weeks.

the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker .....

Place of Business, ...

Carl H Coffman M. D.
Medical Attendant.

Address, 57 Lexington Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 69121 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled it*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie McCarthy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 114 Hanover St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Aug. 19. 1883

Undertaker, M. A. Daigen

Place of Business, 74 S. Bway

E. B. Smith M. D.,
Medical Attendant.

Address, 51 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 6912 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883 O'Neill

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. O'Neill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Months

Place of Death, {Give street and Number.} 91 Eleventh St

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate),

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Wilmington. Del

Date of Burial, Aug. 20/83

Undertaker M. A. Darger

Place of Business, 74 S. Bury

E. J. Williams M. D.
Medical Attendant.

Address, 53 Eleventh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 6 9/23 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 18. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Johnson Bollman,

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, w Lite,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 343 E. Pratt St.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Meningitis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial, Aug. 19. 1893

Undertaker H. A. Dauer

Place of Business, 74 S. Bway.

G. Glanville Leech M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 69127 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Augt. 16=1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Locke.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow or Widower~~

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 163 Conway St

Cause of Death, First (Primary), ...

Second (Immediate). Cho" Infantum

Duration of Last Sickness, 2 Weeks.

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 18=1883

Undertaker Geo S Macher.

Place of Business, ...

Geo. H. Dawson M. D.
~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

John E. Owens

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 6/125 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1883

CERTIFICATE OF DEATH.

Date of Death, August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E McClatchie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 14 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 Lemmon

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Catarrhal Croup

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, aug 19th 1883

Undertaker, Geo S Cook

Place of Business, No 704 N Baltimore Street

Jno Steiner M. D.,
Medical Attendant.

Address, 411 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians ... respectfully invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 6926 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Braun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sail Making

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 38 S. Caster Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, Nearly 2 yrs

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial. 20 August 1883

Undertaker John C. Thuh

Place of Business, 165 Aliceanna

J. Kellenberg M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co

Board of Health, City of Baltimore.

Permit No. 69127 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 Rockwell St.

Cause of Death, First (Primary), Indigestion

Second (Immediate). Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 20th 1883

{*Undertaker* Henry L. Mitchell

Place of Business, 66 S Broadway} *Address,* 53 Eden ave

E. J. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6712 8 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 18 1883 BALTIMORE MD.

Date of Death, Aug. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Honlicke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 44 Barnes St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 Months

At the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimetery

Date of Burial, August 19

Undertaker, John Hervey

Place of Business, 382 Orleans st

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 69129 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Zelinka

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 4 W. Cor Bond & Eden Sts

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, August 19 1888

Undertaker John Keating

Place of Business, 382 Orleans St *Address.*

I. W. Slover M. D.
Medical Attendant.

H. Gerhardt
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6913 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 19 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert & Virginia Dyke

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* ~~Days,~~ Few minutes

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 162 Columbia St

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, a few Life (Sudden)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 19 1883

{*Undertaker* P. J. Dill

Place of Business. 183 Columbia ave} *Address,* 76 Do

A Hanney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 69121 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Dopkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months,* ..... *Days,*

~~Color~~, ...

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 574 N. Gay St.

Cause of Death, First, (Primary,) Hip disease

Second, (Immediate,) Phthisis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 20th

Undertaker, Chs Gossing

Place of Business, 196 E. Balt St. *Address,* 347 N. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 69132 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1883

CERTIFICATE OF DEATH.

Date of Death, ~~1883~~ August 19th 1883 at 1 a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Wilson Mary Wilson.

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 weeks ~~Days~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 152 Townsend St.

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, { Give street and Number. } 152 Townsend St.

Cause of Death, First (Primary), Inanition,

Second (Immediate), Gastric Irritation.

Duration of Last Sickness, Three weeks.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 20th 1883

Undertaker Martin Fahey

Place of Business 152 Townsend St *Address,* 176 Penna. Ave.

Geo. C. Shannon, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69133 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT
AUG 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick-mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 41 E Shuter St

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19 1883

Undertaker, William H Dunger

Place of Business, 62 East St

C. H. Taylor M. D.,
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 69134 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug 18th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* — *Days,* V

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Butler St

Cause of Death, First (Primary). ...

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 19 1883

Undertaker Daniel J Dunger

Place of Business, 43 Chestnut St *Address,* 512 Calvert St

E. L. Wolch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 6913 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary a. Welch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 53 Bank St.

Cause of Death, First (Primary). Meningitis

Second (Immediate).

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, St Patric Lacmaker R. W. Manofield M. D.

Medical Attendant.

Undertaker Michael Funk

Place of Business, 35 Banks *Address,* 1170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o.

Board of Health, City of Baltimore.

Permit No. 67136 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
AUG 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno B Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 62 Woodward Pl

Cause of Death, First (Primary): Marasmus

Second (Immediate):

Duration of Last Sickness, 7D

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 19th 1883 Jno D Blake M. D.

Undertaker Robert F Byrne Medical Attendant.

Place of Business, 59 N Liberty *Residence,* 168 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6 9137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5 P.M. 18th August, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Marck Woods

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 19 hours ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 236 N. Howard St-Baltimore, Maryland

Duration of Residence in the City of Baltimore, 19 hours

Place of Death, {Give street and number} 236 N. Howard St-Baltimore, Maryla

Cause of Death, First, (Primary.) Is premature birth

Second, (Immediate,) "

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 20th 1883

Wm. J. Woods M. D.
Medical Attendant.

Undertaker, Jno R McCoy

Place of Business, 92 W Fayette St *Address,* 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 6928 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Burnhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1253 Hughes St.

Cause of Death, First (Primary), ...

Second (Immediate), Inanition Abscess

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker .....

Place of Business, ...

Geo. W. Benson, M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 69129 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 9 Fish Market Space

Cause of Death, First (Primary), Average & Gen. Debility

Second (Immediate),

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Aug 19

Undertaker J. P. Byrne

Place of Business, 63 N Front

Alexander Finley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69140 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs A. Cobbarrow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } W

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. city

Duration of Residence in the City of Baltimore, 9 mts

Place of Death, { Give street and Number. } 110 Fort ave

Cause of Death, First (Primary), Gastro-enteritis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Aug 20/83

Undertaker Armstrong Denny

Place of Business, 263 Light

R H P Ellis M. D.
Medical Attendant.

Address, 314 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6971 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday August 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno R Boyle

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 12 Years, Months, Days,

Color, Color

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Paper Carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } 131 Lombard St

Cause of Death, { First, (Primary,) Convulsions

Second, (Immediate,) 12 hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, aug 20 1883

Undertaker, H Ross

Place of Business, 95 Lombard St

Address, Balto & Calhoun

H Nelson M. D.,
Medical Attendant.

BALTIMORE AUG 20 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifica

No.

Board of Health, City of Baltimore,

Permit No. 69102 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 20 1883 BALTIMORE

Date of Death, Aug. 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary P. Fitzgall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 5 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 285 S. Bond St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Meningitis

Duration of Last Sickness, Cholera Infantum

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 20th August.

Undertaker Leonhard Fürst

Place of Business, 277 S Bond St. *Address,* Balt. & Bank Sts.

J. G. Crook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69143 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, Aug 9 19

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Clifton Carmine

Sex, Male or ~~*Female.*~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3½ hrs *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Hillen Ch

Cause of Death. First (Primary),

Second (Immediate). Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Aug 20

Undertaker Ed Schulany

Place of Business, 8-

Geo. A. Gibson M. D.

~~Medical Attendant~~

Address, 1 N Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 6/1414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 Aug. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Olivia White

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color ~~C~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 S. Regester St.

Cause of Death, First (Primary,) Pneumonia succeeding Hooping Cough

Second (Immediate,) Convulsion

Duration of Last Sickness, 3 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1883

Undertaker, J J Loeks

Place of Business, 73 Jefferson

DR. B. F. LEONARD,
314 E. BALTIMORE ST.

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69145 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie B. Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 287 N. Culloh St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 hours 1 day

All the above information should be furnished by the Physician.

Place of Burial London Park Cem.

Date of Burial, August 20th 1883

Undertaker, [illegible]

Place of Business, [illegible]

H. Nelson M. D., Medical Attendant

Address, 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69476 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, August 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Greene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saxonia - Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 307 Exeter Ave

Cause of Death, First, (Primary,) Consumption Lungs

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial. 21 August 1883

Undertaker, John O'Fihen

Place of Business, 268 Allen ave *Address,*

J. Whitridge *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69147 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

69147

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Horse

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City —

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 257 N Carlin Ln

Cause of Death, First, (Primary,) Scalatina Malig.

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Aug 21

Undertaker, J. P. Byrnes

Place of Business,

S. W. White, M. D.,
Medical Attendant.

Address, 357 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69146 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18/86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Meyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 61 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Restaurant Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 88 Boston St

Cause of Death, First (Primary), Erysipelas of face and head - Influenza

Second (Immediate), Asthma

Duration of Last Sickness, 32 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Aug 22nd 86

Undertaker G. Frank

Place of Business, Bank & Wolf *Address,* 77 S. Broadway

J. L. Hilton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69149 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Snyder

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 1 & S. Charles st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem

Date of Burial, Aug 21st 83

Undertaker G. F. Evans

Place of Business, Banks & Wolf *Address* [illegible]

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6702

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, Aug. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Ann Boyd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} *79 Fairmount Ave.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Aug 20th

Undertaker, Fry & Bro

Place of Business, North Broadway

E. J. Bons M. D.,

Medical Attendant.

Address, *375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin B. Horps

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 82 *Year,* 5 *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {cross out the word not required in this line.} Widower

Occupation, Blacksmith.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number} 11 Monroe St.

Cause of Death First, (Primary,) Hemiplegia

Second, (Immediate,) Coma

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 21 Aug 1883 J. H. Dorsey M. D.
Medical Attendant.

Undertaker, John H. Pauls

Place of Business, 66 Fremont Ave *Address,* 19 S Justice St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6910 2 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M. Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* — *Months,* 7 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charleston S.C.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 283 Mosher

Cause of Death, First, (Primary,) Cancer of Uterus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 21 st 1883

Undertaker, Dos & Cook

Place of Business, No 707 W Baltimore St

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6953 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, August 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Early

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Iron Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About Three Months

Place of Death, {Give street and Number.} Laurel Furnace - Iron Works - Fort Avenue -

Cause of Death, First (Primary),

Second (Immediate). Apoplexy -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie View

Date of Burial, August 20th 1883

Undertaker Charles Scriven

Place of Business, 271 Eutaw St

S. T. Bell M. D.

~~Medical Examiner~~ Coroner

Address, 161 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6954

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, Aug. 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schrader

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Cemetary Lane

Cause of Death, First, (Primary,) Croup

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Aug 20 1883

Undertaker, Henry Stuck

Place of Business, 369 N. Eutaw

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69155 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, August 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Kraus

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years~~, 7 Hours ~~Months~~ ~~Days~~,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation - - - - - -

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 1511 Rab Street rear Washington

Cause of Death, First (Primary) Premature birth

Second (Immediate) 7th month

Duration of Last Sickness, - - - - - -

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, August 20 1883

Undertaker Henry Stock

Place of Business, 369 W Pratt

Address, Engd to Carolina

W. Kraus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6976 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma R Drane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* — *Months,* — *Days,* 9

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 45 S. Eutaw St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Intestinal Hemorrhage

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, W. M. Cemetery

Date of Burial, Aug 21 88

Undertaker Fry & Bro

Place of Business, 81 W Broadway

J. W. Slover M. D.
Medical Attendant.

Address, 101 Eutaw & Carolina

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6957 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, August 16th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Graves

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Thomas Md

Duration of Residence in the City of Baltimore, all his

Place of Death. {Give street and Number.} 492 E Fayette St

Cause of Death. First (Primary). Heart Disease

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Aug 19 83

Undertaker Guy & Bro

Place of Business 847 Broadway

John Mohr M. D.

Medical Attendant.

Address, 62 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69,158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Newton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life — —

Place of Death, {Give street and number.} 49 Carlton st —

Cause of Death, First (Primary,) Improper food and care —

Second (Immediate,) Inanition —

Duration of Last Sickness, 3 or 4 weeks - Saw it only a day or two before death —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 20 1883

Undertaker, Wm. H. Hickmon

Place of Business, 2311 Gay St.

E. H. Holbrook M. D.
Medical Attendant.

Address 185 N. Howard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6959 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 2 1883 BALTIMORE

Date of Death, Aug. 20th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 23 *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Aug. 21/83

Undertaker, Mc Veigh

Place of Business, Division & Monument

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6916 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emiganda Keffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 3 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — — V — — — —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 36 S Wolfe street

Cause of Death, First (Primary). Pertusis & Pneumonia

Second (Immediate). Asphyxia

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial Mt Calvary Cemetery

Date of Burial, Aug 21st 83

Undertaker G. H. Frances

Place of Business, Lombard Bet Eden & Caroline Sts

C. W. Sloan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69161 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick William Feldpusch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 44 Camden St

Cause of Death, First, (Primary,) Whooping Cough.

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, August 20th 83

Undertaker, F. N. Tisdel

Place of Business, # 131 Aisquith St

Address. Calhoun at Lee Edmondson

James Steele M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 69162 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19 — 1883 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Charles Edward Matthias

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* 23 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 98 Frederick Ave

Cause of death, First, (Primary,) Marasmus

~~Second, (Immediate,)~~

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster.

Date of Burial, August 21

Undertaker, J. Wm. O'Donnell

Place of Business, 66 Fred'k Ave. *Address,* 642 W. Fayette St.

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6963 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cook.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 4 Browns Lane

Cause of Death, First (Primary), Dis. Mitral valve of heart

Second (Immediate),

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, August 21

Undertaker John P. Saulsbury

Place of Business, 66 Third. Ave *Address,* 90 N. Fulton Ave

Liggett, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69167 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* 5 *Months,* 12 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 112 Aisquith St

Cause of Death, First, (Primary,) Chronic Rheumatic Gout Marasmus &c.

Second, (Immediate,) Bed Sores, Genral Debility, &c.

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, Aug 20th

Undertaker, Andrew Rohde

Place of Business, 48 Lemmon Ave

D M Cantwell M. D.,
Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 69160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hippard Thomas

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower;~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time -

Place of Death, {Give street and number.} 162 Greenmount Ave.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) —

Duration of Last Sickness, Three Months -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 21st

{*Undertaker,* H. C. Winfield

{*Place of Business,* 60 Greenmount Ave

Medical Attendant. Chas Dwight Jr. M. D.

Address 101 East Ave Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69166 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 mos. *Years,* — *Months,* — *Days,* —

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 293 E. Fayette St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 20. 1883.

Undertaker, D. B. Rossing

Place of Business, 125. Olive.

G. H. Taylor M. D.,
Medical Attendant.

Address, 234 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6967 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Milton Ridgeway

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W Male

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} V

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 191 Jefferson St. upt.

Cause of Death, First (Primary), Pernicious Fever

Second (Immediate), Intestinal Ulceration superin-ducing Lenoorrhage.

Duration of Last Sickness, Nine teen days

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cem.

Date of Burial, Aug. 22 1883

Undertaker Wm Hickman

Place of Business, 234 N Gay St

G. G. Link M. D.
Medical Attendant.

Address, Balt. & Bal. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 20 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Fred. Fox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* / *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Albemarle Street No 69. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Albemarle St.

Cause of death, First, (Primary,) Cholera infantum

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 20 Mo 1883

Undertaker, H. Barlow

Place of Business, 3 N Eutaw St *Address,*

Fred. Hofs *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67167 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, 18th. August 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Schuette

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Neustadt a/H. Bavary, Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and Number.} S. Wolfe street 115.

Cause of Death, First, (Primary,) Cerebromalacia

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, (10y. 5m) 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Matthaus Cemetery

Date of Burial, Aug 21th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Caston Ave

William Henkel M. D., Medical Attendant.

Address, S. Wolfe str 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6970 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

Date of Death, August 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1# 316 Canton Ave.

Cause of Death, First, (Primary,) Cholera Inf.

Second, (Immediate,)

Duration of Last Sickness, Dont Know. Have seen the child many days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Aug 21th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

L O Winternitz M. D.,
Medical Attendant.

Address, 128 Edo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6917

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6917 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 20. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Lotz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 78 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 47 Hanover Stead St,

Cause of Death, First (Primary), Dropsy (General)

Second (Immediate),

Duration of Last Sickness, Two months

the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Aug 21

Undertaker Jacob Becker

Place of Business, Canton Ave

John H. Kehlenger M. D.
Medical Attendant.

Address, 243 Hanover St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6917 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6917 2 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August, 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Kunecke

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 106 Thames St

Cause of Death, First (Primary), Fall upon curbstone injuring her

Second (Immediate), right hip = Nervous shock

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Aug 24 1883

Undertaker H Sander & Son

Place of Business, 252 Eastern Ave

A Hesselbrock M. D.
Medical Attendant.

Address, 114 Ft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69173 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1883

Full Name of Deceased, {Write feebly and spell correctly. If an infant not named, give names of parents.} Maggie Bacon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 9 *Months,* — *Days,* V

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 224 Eastern ave.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial St. Paul's Cem

Date of Burial, Aug. 21, 1883

Undertaker H. Sander Jr

Place of Business, 252 Canton Ave

L. A. Whiteruck M. D.,
Medical Attendant

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 6917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eckestine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hessel Darmstadt Germany.

Duration of Residence in the City of Baltimore, 30 Year.

Place of Death, {Give street and number.} 14 Resident St.

Cause of Death, First, (Primary.) Emphezema

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery.

Date of Burial, Aug 21. 1883

Undertaker, H. Sander Son

Place of Business, 202 Caton Ave

John A Lehnlo M.D.,
Medical Attendant.

Address, 72 E Lee Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6910 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L. Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} Dry Dock, Locust Point,

Cause of Death, First (Primary), Accidental drowning

Second (Immediate), " "

Duration of Last Sickness,

All the above items should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Aug 20. 1883

Undertaker H. Saunders Jas } L. A. Bell M. D.

Place of Business, 202 Eastern Av *Address,* 161 S. Sharp St ~~Medical Assistant~~ Coroner's Dep't

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 6976

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 20 1883
BALTIMORE MD.

Date of Death, Aug 19. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Comiles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Polisher of Pianos

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} Peabody Institute

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) —

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsis

Date of Burial, August 21st 1883

Undertaker, John J Andrews

Place of Business, 1064 & 6 Druid Hill Ave

A A Kinsley M.D.,
Medical Attendant.

Address, 1142 Cleveland St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6917 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Wrighter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 186 Preston St

Cause of Death, First (Primary), ...

Second (Immediate). Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, Aug 21

Undertaker A Kensley

Place of Business, ...

Wm. H. Power M. D.

Medical Attendant.

Address, 138 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6717 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 106 Eutaw St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 20th 1883

Undertaker Wm. M. Driggs

Place of Business, No 92 West-st

F. R. Robinson M. D.
Medical Attendant.

Address, 92 Fremont Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health. City of Baltimore,

Permit No. 6979 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Belohlavek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 18 Burrough Ave

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Infantum

Duration of Last Sickness, 4 hrs about

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, August 21

Undertaker, B. Manly

Place of Business, 62 West St

Geo Smith M. D., Medical Attendant.

Address, 281 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6718 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 20 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,* 1

Color, Blk

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18

Place of Death, {Give street and Number.} 4 Rope-walk Lane

Cause of Death, First (Primary). Acute tuberculosis

Second (Immediate). Asthenia

Duration of Last Sickness, 1 mth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Aug 21 1883

Undertaker H Ross

Place of Business, 45 Commerce

R. T. H. Ellis M. D.
Medical Attendant.

Address, 313 Eph

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6787 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, X *Years,* 8 *Months,* 10 *Days,*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 mos 10 days

Place of Death, {Give street and Number.} No 4 Pumlico Alley

Cause of Death, First (Primary), marasmus

Second (Immediate), Hooping cough one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Aug 21 1883

Undertaker H Bass

Place of Business, 95 Bond

Wm P Lehman M. D.
Medical Attendant.

Address, Univ of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69182 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 17 1883 ~~October 8 82~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abby Gross Delahay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Colored

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 272 S Howard St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Aug 21 1883

Undertaker, H. Rost

Place of Business, 95 Lombard

C W Bond M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6985 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Dietsch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} ~~396 Eutaw~~ 633. Hanover

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 22-1883

Undertaker Wm Strine Denny

Place of Business, 263 Light

By Hendrix Conta M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69184 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 21 1883
BALTIMORE, MD.

Date of Death, Aug. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Skinner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} # 21 O'Donnell St. Canton

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Blood Poison

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Aug. 21st

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

E. P. Ivins M. D.,
Medical Attendant.

Address, 373 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69185.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 19. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Slupewski

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, S. Birth.

Place of Death, {Give street and number} 8 Addison Al.

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,) Coma.

Duration of last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 21/83

Undertaker, John H. Price

Place of Business, 2500 Pratt St

C. L. Dorsey M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6986 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 mo. — *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 days

Place of Death, {Give street and Number.} 395 E Eutaw St

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 22

Undertaker B. Hull

Place of Business, 82 West St

Gibbons & Co M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 698 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 21 1883
BALTIMORE, MD.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William T Howell

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, Abt 40 or 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number. Penn (Near Coal Pier 4 Locust Point

Cause of Death, {First (Primary), Unknown

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Nat. Cem. London Road

Date of Burial, Augs 24

Undertaker John Eliough

Place of Business,

Syd Bell M. D.
~~Medical Attendant~~ Coroner
Address 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69188 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 21/1883. 3. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (U.S. 15 yrs)

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Oscar J. Corkran M. D.,

Medical Attendant

Address, 188 Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6789 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 22 1883
BALTIMORE, MD.

Date of Death, August 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Delaune

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 254 Wash ch

Cause of Death, First (Primary),

Second (Immediate). Phthisis 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21 1883

Undertaker H Ross

Place of Business, 45 Lombard

Theodore Cate M. D.
Medical Attendant.

Address, 145 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69198 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernestina Kurnyan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,)

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bay Cemetery of Mt Carmel

Date of Burial, August 21st 1883

Undertaker, James, P. Byrne

Place of Business, No 63 N Front St

L. Fawcett M. D.,
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6714 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch L. McGurdy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1120 Albemarle St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 22 1883 J. McClotherty, *M. D.,* Medical Attendant.

Undertaker, John Hennig

Place of Business, 352 Eutaw St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6912 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1883

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 20 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } [illegible]

Cause of Death, { First (Primary), [illegible]

Second (Immediate), [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22 1883

Undertaker [illegible] *M. D.*

Place of Business, [illegible] *Address,* [illegible] Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69193 *Office of Registrar of Vital Statistics.* Ward 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OF VITAL STATISTICS
AUG 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Mc Elderry st.

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Lauree

Date of Burial, Aug 21

Undertaker, W. R. Quinn

Place of Business,

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6/97 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 21 1883
BALTIMORE, MD.

Date of Death, August 20th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Ehlert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, V

Place of Death, { Give street and Number. } 146. Canden st

Cause of Death, { First (Primary), Second (Immediate) } Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Fisher Cemetery

Date of Burial, Aug 21st 1883

Undertaker Geo. Lembach

Place of Business, 389 W. Pratt St

O. L. Buddenbohm M. D.
Medical Attendant.

Address, 46 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69186 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1883
TIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara J. Dudley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} V

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 292 So. Stark.

Cause of Death, First (Primary), Unknown

Second (Immediate). Diabetes Mellitus

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 21st 1883

Undertaker Armstrong & Gray

Place of Business, 263 Light

A. M. Dodge M. D.
Medical Attendant.

Address, 207 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 21 1883
BALTIMORE MD.

Date of Death, Aug 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice M Rynehart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 318 Park Ave

Cause of Death, First (Primary), [illegible]

Second (Immediate), [illegible]

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 21st 1883

Undertaker Armstrong Bros

Place of Business, 263 Light

Wm. Wilbridge M. D.
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No. 6919

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

AUG 21 1883

Date of Death, Sunday Aug 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 8 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 66 Davis, st

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis -

Duration of Last Sickness, 4 months -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 21 - 83

Undertaker, M F. Jordan

Place of Business, 63 Park ave

E S Welch M.D.,

Address, 5th Calvert & 4 -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69198 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, {Give street and Number.} 276 E Lombard St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetry

Date of Burial, August 21st

Undertaker, Henry McGinnis

Place of Business, 7 & 9 Centre *Address,* 19 & Broadway

E J Ray *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6921 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

69199 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 24 1883 AUG 25 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ July 18th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Broning, Johanna Broning, Parents.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* ~~Days,~~

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and Number. } 263 Hamburg St.

Cause of Death, First (Primary),

Second (Immediate) Asphyxia, in Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 19th 1883

Undertaker Ernst Schlosser

Place of Business, 200 Sharp St

R. J. St. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9200

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Ellen Brady

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 65 S. Caroline St (1st Yard,)

Cause of Death, First (Primary,) Measles, Inflammation of Bowels

Second (Immediate,) Exhaustion

Duration of Last Sickness, two (2) weeks,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Aug. 21st 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

A. T. Clarke M.D.
Medical Attendant.

Address, 237 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6901 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Evans

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } ✓

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore .....

Place of Death, { Give street and Number. } 8 Greenmount

Cause of Death. First (Primary), ...

Second (Immediate), Stomach

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, ED

Date of Burial, Aug 29

Undertaker E Buchan

Place of Business, ...

Geo. R. Dixon M. D.

~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

will file in the "Cause of death" after the Inquest

No. City Hospital

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 6920 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6920 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Finnerty

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, abt 60 *Years,* — *Months,* — *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 30 Years

Place of Death, {Give street and number} 71 O Donnell St

Cause of Death, First, (Primary.) 3 Intemperance & Exposure

Second, (Immediate,) 3

Duration of last Sickness, abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Aug 21

Undertaker, J C Reinhart

Place of Business,

Chas M. Moffett M. D.
Coroner E. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6928 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Drown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, About 1 week

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Remittent Fever (pernicious) & Jaundice

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks — In Hospital 2 days —

All the above information should be furnished by the Physician.

Place of Burial. EP

Date of Burial. Augs

Undertaker, G Buchanan

Place of Business, ...

Walter Wyman M. D.,
Medical Attendant.

Address Surgeon Wyman's Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69204 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Casper Nohrman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — — U

Occupation — — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore Since birth

Place of Death, {Give street and Number.} 307 E. Charles St

Cause of Death, First (Primary) Eclampsia

Second (Immediate). — — — —

Duration of Last Sickness, Four hours

All the above Information should be furnished by the Physician.

Place of Burial, Fairhouse Cem.

Date of Burial, 20th augt-1883

Undertaker B. Earle

Place of Business, 92 West St

Medical Attendant. Hoskins M. D.

Address, [illegible] 1881

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No 6920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 Aug

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj Jeffery

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 204 Biddle St

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Ltte~~ Druid [illegible] 83

Date of Burial, August 2-83

Undertaker, [illegible]

Place of Business, [illegible]

E. Ridgely Bauer M. D.
Medical Attendant.

Address 142 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69206 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 21st August 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicolaus Larkof.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and Number. } S. Chapel St. 18.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.

Date of Burial, 22 Aug.

Undertaker, H. Dippel

Place of Business, 1512 Bond

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69207

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 11 AM-83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Adams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ... 4 *Months,* 15 *Days,*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. } 0

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 33 Little Monument St Baltimore

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, { Give street and Number. } Baltimore "

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration ~~of last Sickness~~, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21 83

Undertaker, D. Hanaly

Place of Business, 116 Orchard *Address,* 121 W. Monument

D. O'Neale M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Permit No. 67208

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 81. P.S.C.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna R Kinnier

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Phila Pa

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, { Give street and number. } 161 Augusta St

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, Aug 22. 1881

Undertaker, John Letter

Place of Business, Carey & Fonda

E H Cullen M.D.,

Medical Attendant.

Address, 151 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69207 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th. August 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wahnken

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 59 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Warnershausen, Bremen Germany

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, { Give street and Number. } S. Bethels Court 44.

Cause of Death, First, (Primary,) Apoplexia sanguinea

Second, (Immediate,) .....

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. P. Eog Cemetry

Date of Burial, Aug 23d 1883

Undertaker, Peter Frey

Place of Business, 71 Eutaw Av

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20
Permit No. 6920

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gwendoline Clara Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 58 1/2 George Street

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Laryngeal Deposit - Asphyxia

Duration of Last Sickness, about 13 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Aug 22 1883

Undertaker, Wm Weaver

Place of Business, 502 E Eutaw St

Charles Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69211 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lauriski

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 3 Etna Lane,

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, August 22

Undertaker W. Eulan

Place of Business, 101 Gough St

J. Ridgway Andrew M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69212 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Heydt,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dusseldorf Prussia,

Duration of Residence in the City of Baltimore, Unknown -

Place of Death, {Give street and Number.} 125 Camden St -

Cause of Death, First (Primary) Supposed from injuries inflicted

Second (Immediate) Hemorrhage & Congestion of the brain 8 or 9 hours,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, August 22nd, 883

Undertaker Jas McGinnis & Co

Place of Business, 130 Norman St,

S. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69213 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Burbeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Col

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 5 Necessity Alley

Cause of Death, First (Primary).

Second (Immediate). Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22d 1883

Undertaker Wm A Dunkle

Place of Business, 62 East, st

A Frd Shertzer M. D.
Medical Attendant.

Address, 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62214 *Office of Registrar of Vital Statistics.* Ward ~~24~~ 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}: Nettie E Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 330 W. Lombard St

Cause of Death, First, (Primary,) Anginosa Scarlet fever

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 22d 1883

Undertaker, John E. Mader

Place of Business, 16 156 Camden *Address,* 306 N. Carrollton Ave

John Neff, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person as superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Permit No. 69210

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Beefelt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 44 N. Schroeder

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) Nephritis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Aug 23

Undertaker, J. Pleasants

Place of Business,

E. Weisenfeld M.D.,
Medical Attendant.

Address, 427 N. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Catharine A. Stewart.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, 18 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, { Give street and number. } 231. N. Chester. St.

Cause of Death, { First (Primary,) Consumption. Second (Immediate,)

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 23rd 1883

J. M. Cockill M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address* 340. E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No.

Board of Health, City of Baltimore.

Permit No. 6921

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Dunlap

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 624 N. Eden St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 23rd 1888

Undertaker Penny & Pritchett

Place of Business, 65 S. Broadway *Address.*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 6918

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6918 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret B. Stenzendorfer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 96 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} widow

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} Monument St cor of Burke

Cause of Death, First (Primary), ——

Second (Immediate), old age

Duration of Last Sickness, ——

the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, August 23rd 1883

Undertaker Lemmy & Mitchell

Place of Business, 65 S Broadway *Address,* Com of Health

Wm F Dinsa M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6221 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Smith,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 361 C. Lombard St.

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate), Meningitis

Duration of Last Sickness, One month

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 24th 1883

Undertaker Henry L Mitchell

Place of Business, 65 S Broadway

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6920 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Emile~~ Maria C. Girardin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 558 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 22nd '83

Theodore Cotta M. D.
Medical Attendant.

Undertaker C. F. Knauss

Place of Business, *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 922 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22 nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred F. Beachtler. Batzler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 19 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 150 Germans St

Cause of Death, First (Primary),

Second (Immediate). Bilious Fever

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comm.

Date of Burial, Aug 24/83

Undertaker JOSEPH B. COOK, Undertaker, &c. 207 W. BALTIMORE ST.

Place of Business,

Edward R Hard. M. D.
Medical Attendant.

Address, 248 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69222 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
AUG 1893
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie M. Kinamon.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #364. Ramsay st.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Dysentenia

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Aug 22 /93

Undertaker, Joseph B. Cook, Undertaker, &c.

Place of Business, 707 W. Baltimore St.

Truman F Hill M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69223 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Perry.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 14 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, all life,

Place of Death, {Give street and number.} 64. N Schroeder St.

Cause of death, First, (Primary,) Marasmus,

Second, (Immediate,) " "

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Aug 22/83

Undertaker, JOSEPH B. COOK

Place of Business, Undertaker &c

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69224 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... AUG 22 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Woodland

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 Weeks ~~Days~~,

Color, Dark

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 Little Pine St

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and Number.} 25 Roeder St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 22 1893

Undertaker, Madigan & Pyle

Place of Business, Mulberry St

John H. Brown M. D.,
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69207 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Caldwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 14 *Months,* 8 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 28 Sterling st

Cause of Death, First (Primary), Bud Feeders

Second (Immediate). Cholera Infantum — Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 22 1883

Undertaker Morgan & Pyle

Place of Business, Mulberry & Eutaw

J Ridgway Andrd M. D.
Medical Attendant.

Address, 12 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69226 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT AUG

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy M. Bowdon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* .... 1 *Months,* 18 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 517 Mulberry St.

Cause of Death, First, (Primary,) Diarhoea

Second, (Immediate,) Sudden Exhaustion & Heat

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Aug 1883

John Neff M. D., Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St Address, 206 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention [redacted] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69227 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Siddons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give street and Number.} 347 N. Dulaney St.

Cause of Death, First, (Primary,) Apoplexy,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 23rd 1883 G. F. Taylor, M. D.,

Medical Attendant.

Undertaker, Emil Schloman

Place of Business, 200 Sharp St. *Address,* 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6928 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M Leach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~24 St~~ 13 Woodward St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial. Mt Olivet

Date of Burial. Aug 22/83

Undertaker. Armstrong Bros

Place of Business, 263 Bridge

E K Wiley M. D.,
Medical Attendant.

Address, 195 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6924

Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6924 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kirby

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford co. Md. 45 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 39 Lancaster st

Cause of Death, First (Primary). consumption

Second (Immediate).

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Dr. McElhiney

Date of Burial, Aug 26

Undertaker E. Brance

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Wendy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of ... Burials in the Office ... and Sexton.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69280 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylla David.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,* V

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 23d/83

Undertaker, F. McCaffrey

Place of Business, Division & Fremont

R. Mc. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore are ...
...ice for Burials to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Physicians on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69231 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 23d/83.

Undertaker, F. McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Saratoga & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City ... Permits for Burials to the Office whence issued, Saturday of ... week ... 0.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69232 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lisher

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 489 Eastern ave

Cause of Death, First (Primary). Scarlet Fever

Second (Immediate). Anasarca

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug. 23rd 83

E. Jr. Clemm M. D.
Medical Attendant.

Undertaker G. Frazier

Place of Business, Baits & Wolf *Address,* 53 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69233

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69233 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st, 1880

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Keenan

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 2 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 147 E. Chester St.

Cause of Death. First (Primary).

Second (Immediate). Cholera Infantum

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 23 80

Undertaker G. Frank

Place of Business, Bank & Wolfe *Address,* 311 E. Monument

J. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69234 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Aug 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Watson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 89 Curley St

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Congestion of brain Particulary tromatic

Duration of Last Sickness, two month

All the above information should be furnished by the Physician.

Place of Burial, Mount Lorne J. E. Prichard M. D.,

Date of Burial. Aug 23 80 Medical Attendant.

Undertaker, G. Frame

Place of Business, Paul & Wolf *Address,* 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials to the Of[illegible]d, Saturday of each week. 69235

The Special Attention of Physicians is Respectfully Invited to the Remarks Bel[illegible] List of Diseases Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69235 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M Anderson

~~*Sex,~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* ——— *Days,*

Color, Black

~~*Married,~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, all of his life

Place of Death, { Give street and Number. } # 273 Orleans St—

Cause of Death, First, (Primary,) Catarrh.

Second, (Immediate,) Pneumonia & Debility

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug 22d 1883

Undertaker, Wm C Runge

Place of Business, 62 East, St

Wm H Harris M. D., Medical Attendant.

Address, 154 E. Balto. St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69236 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Lang

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 2 *Years,* 4 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 317 S. Dallas St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 22 Aug

Undertaker, W. Dorsel

Place of Business, 17 S. Bond

J. H. Robinson M. D., Pro Coroner Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6923

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore. Ward 4

Office of Registrar of Vital Statistics.

Permit No. 69237

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 1889

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas McDonnell

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Years, Months, Days, White

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S. Ireland

Duration of Residence in the City of Baltimore, Constant

Place of Death. {Give street and Number.} 1 Pleasant

Cause of Death. First (Primary), Disease of Heart

Second (Immediate),

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, 22 Aug

Undertaker M Dupel

Place of Business, 121 S Bond

P. Smith M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City
Permits for Burials, to the Of[illegible] day of [illegible]

No. 69238

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos South

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 238 E. Lanvale

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 22d 83

Jno. P. Bates M. D.
Medical Attendant.

Undertaker, H. Henderson

Place of Business, 252 Canton Av. *Address,* 112 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

T. G. [illegible] & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6928c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Elsworth Hatfield

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* Twenty seven *Days.*

Color, White

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, About seven months

Place of Death, {Give street and number.} No. 15 Wilkins Ave.

Cause of Death, {First (Primary.) Cholera Infantum
Second (Immediate.) Gastro-enteritis-Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Aug 23 1883

J. Ridgely Hammond M. D.
Medical Attendant.

{*Undertaker,* JOSEPH E. COOK, Undertaker, &c
Place of Business, 207 W. BALTIMORE ST.

Address N.E. Cor. Calhoun & Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the undertaker or other persons superintending the burial, a Certificate setting forth, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible]

No. 6924D

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6924D *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus R. Dennis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 2 *Days,*

Color, ——

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 113 Ridgely Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 23 Th

Undertaker, John S. Macher

Place of Business, 150 Camden St

A. McC. Colburn M. D.,
Medical Attendant.

Address, 343 N. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6924 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Davis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male.

Age, 1 *Years,* ~~Months,~~ *Months,* 4 *Days,* V

Color, Col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bay. View. Balt. Co.

Duration of Residence in the City of Baltimore, Since 8th September. 81

Place of Death, {Give street and Number.} 9 Letterman's Court

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Dentitio

Duration of Last Sickness, All the Summer.

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross

Date of Burial. August 22nd

Undertaker. C. Mason

Place of Business. 12 Hamilton St.

John F. Lovran M. D., Medical Attendant.

Address, 238. E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69242 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 15 + *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baelo Yes

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 728 W. Lombard

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Aug 23

Undertaker, J. Bleuch

Place of Business, ...

J. C. Hunter M. D.,
Medical Attendant.

Address, 41 W. Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office wh...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6777

Board of Health, City of Baltimore.

Permit No 69273 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Allen

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, About 35 Years, ... Months, ... Days.

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Not Known

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Servant Lady

Duration of Residence in the City of Baltimore, All unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Uterine Cancer

Second (Immediate), asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, West Ave Cemetery

Date of Burial, Aug 20/1883

Undertaker Fred C Keelan

Place of Business, 129 N Arlington Ave

J West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore with ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69274 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

Date of Death, August 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella L. Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co City

Duration of Residence in the City of Baltimore, Since 7d

Place of Death, {Give street and Number.} 65 Plum Alley

Cause of Death, First (Primary). Marasmus

Second (Immediate). —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Aug 23 1883

Undertaker H Bass

Place of Business, 95 Conway St

E. L. Bell M. D.

~~Medical Attendant~~ Coroner's Dist

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6945 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Landenbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 675 Hanover St.

Cause of Death, First (Primary), Accidentally Run over by Train of
Second (Immediate), & Freight Cars - B & O R R, Cor Heath St
& Race St,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Werner.

Date of Burial, August 22

Undertaker B. Gloud

Place of Business, 42 West St

Thos. Bell, M. D.
Medical Attendant.
Coroner's Dist
Address, Cor St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

Keepers of Cemeteries in City of Baltimore will make
Permits for Burials to the Office whence issued. Satur[illegible] No. 69245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69245 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st Aug. 1889

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lauterbach

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* V *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Glass Blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 631 Hanover St

Cause of Death. First (Primary). Left thigh & Leg above knee Crushed by RR accident Shock

Second (Immediate).

Duration of Last Sickness, 3 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 23

Undertaker [illegible]

Place of Business,

A. P. Hood M. D.
Medical Attendant.

Address 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 6924 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6924 6 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward H Finch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 5 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Florida

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 240 Conway St

Cause of Death, First (Primary), Scarlatinal Nephritis

Second (Immediate), Uremia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, August 23rd 1883

S. W. Sloan M. D.
Medical Attendant.

Undertaker Wm. C. Tuckman

Place of Business, No 234 E. Pratt Address, Eastport Tunnel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Keepers of Cemeteries in City of Baltimore will make returns of all ... 6924

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6924 7 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk Cady

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 22 Clifford

Cause of Death. First (Primary), ———

Second (Immediate), Drinkers Nacrotism

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lou Don Park Cem

Date of Burial, August 23 83

Undertaker Philipp I. Diehl

Place of Business 183 Columbia Ave

Wm A Blake M. D.
Medical Attendant.

Address 168 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6. Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office issued Saturday of each week. 6,245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6,245 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wolf.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* 15 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Tailor.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 259 West St.

Cause of Death, First (Primary),

Second (Immediate) Pneumonitis.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 23 83

Undertaker Philipp S. Dill

Place of Business 183 Columbia Ave

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

92 Keepers of Cemeteries in City of Baltimore will make returns of [illegible] Permits for Burials, to the Office whence issued, Saturday of each week. No 69249

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 69249 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Wesley Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 4 Days, 20

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Lee st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sherwood

Date of Burial, Aug 23 1883

Undertaker, S W Chase

Place of Business, 198 Howard st

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hillen st

Extract from Regulations of the Board of Health to secure a full and perfect record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69200 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED REGISTRAR'S OFFICE AUG 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wm H. Tracy

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aug 22, 1883

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days,*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} Redmond & Court

Cause of Death, First, (Primary.) Heat

Second, (Immediate,)

Duration of Last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Augt 23 1883

Undertaker, C W Chase

Place of Business, 198 Howard St

Wm H White, M. D.,
~~Medical Attendant.~~

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

No. 69257

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69257 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1883 6.30 a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Shreiner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 9 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 69 George St.

Cause of Death, First, (Primary,) Right Hemiplegia

Second, (Immediate,) Exhaustion & Cardiac failure

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Lutheran

Date of Burial, August 23, 83

Undertaker, Walter Immel

Place of Business, 315 West Biddle

Clark Van Bibber M.D.
for W. C. Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6925-2 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kubbel

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 95 N. Castle St

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 23 1883

Undertaker, John Herring

Place of Business, 382 Orleans St

[illegible] M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 69253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69253 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23rd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm David S. Carback

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Nine *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation Provision Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} No. 94 Jefferson Street Cor. Ballast

Cause of Death, First (Primary). Herpes Zoster (Shingles)

Second (Immediate). Cholera Morbus

Duration of Last Sickness. One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, August 24th 1883 Wm H. Clendinen M. D.

Medical Attendant.

Undertaker Henry McGinnis

Place of Business, 8 N. Central Av. *Address,* No 102 N Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained,* That when any person shall die in the said city, it shall be the duty of the Physician who attended during the last sickness of the Deceased, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ... Permits for Burials, to the Office ... issued. Salary ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Grace Hayward

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} ~~Grace Hayward~~

Age, ____ *Years,* ____ *Months,* 30 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 133 Paulson St

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number} 133 Paulson St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Aug 23/83

Undertaker, Wm J. Gray

Place of Business, 66 Mulberry

L R Morales M. D.
Medical Attendant.

Address, 11 E Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of [illegible]
Permits for Burials, to the Office where issued. Failure to do so will [illegible]

No. 6925

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 6925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Braxton,

Sex, Male or Female, { Cross out the word not required in this line. } Female,

Age, Thirteen *Years,* *Months,* *Days.*

Color, Mixed *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.

Occupation, None.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and number. } 130 S. Eutaw Street.

Cause of Death, First (Primary,) Pulmonary Consumption,
Second (Immediate,) do. do.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St. Cemetery

Date of Burial, Aug 23 1883

Harvey L. Byrd M. D.
Medical Attendant.

Undertaker, W. H. Bishop & Son

Place of Business, 57 Druid Hill Ave Address 12 S. Arlington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued Saturday of each week.

No. 6256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6256 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rhodon Saudaal

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} 156 South Sharp Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Year and a half

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Grove

Date of Burial, Aug. 24 '83

Undertaker M. A. Daigen

Place of Business, 74 S. Bway,

WEST M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make ...
Permits for Burials, to the Office whence issued, Saturday ... No. 6925

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No. 6925

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vigana William

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ Six Weeks ~~Months,~~ ~~Days.~~

Color, Colard

~~*Married, Single,*~~ ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Non

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 81 Granal Alley

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Aug 23.

Undertaker, E Cruchank

Place of Business,

F Monk M.D.,
Medical Attendant.

Address, No 36 Davis st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible]
Permits for Burials, to the Office whence issued [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69258 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 23 1889 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 22/8 89

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } [illegible]

~~Sex. Male or~~ Female, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, [illegible]

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } V

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } [illegible]

Cause of Death, First (Primary). [illegible]

Second (Immediate). [illegible]

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 23 Aug

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69259 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22 nd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Sinicki

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 57 N Durham

Cause of Death. First (Primary). Scarlatina Maligna

Second (Immediate).

Duration of Last Sickness, Since Saturday - Visited Today

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug 23 rd 83

James O'Donnell M. D.
Medical Attendant.

Undertaker G. Frame

Place of Business, Frank & Wolfe *Address,* 299 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69260 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22nd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Libicki

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 9 *Months,* [illegible] *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 57 N. Durham St

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, Since Saturday - Never did not procure

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug 23rd 83

Undertaker G. Frank

Place of Business, Bank & Wolfe *Address,* 229 E. Balt. St.

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 6926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6926 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Chiancinta Zilmer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Thirty Two *Years,* Seven *Months,* Nineteen *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. 125 S. Wolfe Street

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, Four Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug 24th 83

Undertaker G. Frame

Place of Business, Bank & Wolfe Sts *Address,* No. 102 N. Broadway

Wm. H. Henderson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4120

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9262 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Morning Aug 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Conrose

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 Years, ____ Months, ____ Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year and two Month

Place of Death, {Give street and Number.} 37 Luzern St

Cause of Death, First, (Primary,) Malasia

Second, (Immediate,) Congestion of heart and lungs

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St P Cemetery

Date of Burial, Aug 24 83

Undertaker, G. Frame

Place of Business, Bank & Wolf

J. E. Prichard M. D.,

Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week

No. 6926 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6926 3 *Office of Registrar of Vital Statistics.* **Ward** 15 Tue

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Ella & Ord Strause

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 hrs *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 46 Warren Ave

Cause of Death, First (Primary), ...

Second (Immediate). Exanthem

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 23

Undertaker C. Krause

Place of Business, ...

Geo. W. Penn M. D.

~~Medical Attendant.~~

Address, 1 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all 69264

Permits for Burials to them

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore. Ward 9

Permit No. 69264 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie H Byrd infant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, *Months,* 3 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 N Eden

Cause of Death. First (Primary), Cramps

Second (Immediate),

Duration of Last Sickness,

Place of Burial, EP

Date of Burial, Aug 23

Undertaker G Burchard

Place of Business.

Geo. H. Byrd M. D.
~~Medical Attendant~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued Saturday of each week. 6 7265

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67265 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22" 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Citizen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 17 Years, Months, Days,

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and Number. } 16 Salem st

Cause of Death, First, (Primary,) Yetanus

Second, (Immediate.)

Duration of Last Sickness, 17 hours

All the above information should be furnished by the Physician.

Place of Burial Baltimore (Loudon)

Date of Burial Aug 24th 1883

Undertaker, John S. Meacher

Place of Business, 150 Gordon

Medical Attendant. Osborne M. D.,

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Keepers of Cemeteries in City of Baltim... ...urns of all

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 69266

Board of Health, City of Baltimore.

Permit No. 69266 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Schlinger

Sex, Male or Female. {Cross out the word not required in this line.}

Age, Years, 4. Months, 2 1/2 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 mos 2 1/2

Place of Death. {Give street and Number.} 371 Light St

Cause of Death. First (Primary). Intestinal Obstruction

Second (Immediate). Invagination

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill County

Date of Burial, Aug 24 93

Undertaker C. N. Ross & Ellis

Place of Business, #130 Hanover St Address, 312 Light St

M. D.
Medical Attendant.

AUG 23 1893
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

No. 6936

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6926 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED AUG 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Penrhabe Smith

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Moores alley between Lessier & Elder

Cause of Death. First (Primary), ...

Second (Immediate). Chol infant

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, E D

Date of Burial, Aug 23.

Undertaker E Duchard

Place of Business.

Geo. R. Dennis M. D.
Medical Attendant.

Address, Pr of Wells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when any case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 69268

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69268 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 23th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh O'reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 79 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 24th 1883

Undertaker, Henry Schultheis

Place of Business,

Jno. Brooke Boyle M. D., Medical Attendant.

Address, 251 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Keeper ... materials in ... m

No. 69269

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69269 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Adams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 9 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 139 Raborn St

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 4 days

All the above items should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Augt. 24th 83

Undertaker S. W. Chase

Place of Business 198 Howard St. *Address,* 306 W. Lexington St

C. W. Mugg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 69270

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 69270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 24 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22 d. 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva R. Miller. (Mrs J.A. Miller)

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Abut 18 yrs.

Place of Death, { Give street and number. } 799 W. Baltimore St.

Cause of Death, First, (Primary.) Carcinoma (Breast)

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Aug. 24/83

Undertaker,

Place of Business,

Robt. D. Wilson M.D.,
Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office ... issued Saturday ...

No. 69291

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6927 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Armstrong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 11 *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Harnessmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 4 Mon.

Place of Death, {Give street and Number.} 93 W Baker St

Cause of Death, First (Primary), ~~Albuminuria~~

Second (Immediate), Albuminuria

Duration of Last Sickness, two Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug. 25/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 93 W. BALTIMORE ST.

A. J. Houck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of ... physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ret... 6927

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

J

Board of Health, City of Baltimore,

Permit No. 69272

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
AUG 24 1983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Hasselhoff

Date of Death, Aug. 24, 1983

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lawrence Hasselhoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~7~~ Years, ~~Months~~, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 312 E. Hoffman St.

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 312 E. Hoffman St.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, at Alphonsus

Date of Burial, Aug 24 at 4

Undertaker, H. Blakemy Sr

Place of Business, 260 E. Lombard

Gerald Bachman M.D.,
Medical Attendant.

Address, 2 E. 20th Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6927 Keepers of Cemeteries in City of Baltimore will make returns of all

No. 6927

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6927 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Dallas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bulls

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 11 Clark alley

Cause of Death, First (Primary), Gastro-enteritis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Bonaventure Cemetery

Date of Burial, Aug 24th 1883

Undertaker J. McGinnis

Place of Business, 43 Bluemont

Geo Lazenby M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 6927

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69274 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Beale ~~Beatle~~

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md, City

Duration of Residence in the City of Baltimore, 38

Place of Death, {Give street and Number.} Hubert bet. Locust pts.

Cause of Death, First (Primary), Hemorrhage of Lungs.

Second (Immediate),

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, August 25

Undertaker Bernard Mack

Place of Business, 82 West St.

Wm. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will mail ... Permits for Burials, to the Office ... 692

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Caulfield

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 3 *Years,* 7 *Months,* ~~*Days.*~~

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 9 Lemmon st

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Asthenia

Duration of last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 24th 83

W. A. Jones *M. D.*
Medical Attendant.

Undertaker, Jno J Cadogan

Place of Business, 227 Whitlock *Address,* 620 Nallin alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make

No. 6927

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D...
AUG 24 1883
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Burley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight Years, Three Months, Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 63 Davis St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, Abont 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 24 1883

Undertaker, A. J. Hemsley

Place of Business,

W. N. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...ty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...h, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...nd the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Off...

No. 692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6927 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rider Price

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} Wales Point S Irving Gardens

Cause of Death, First (Primary), Accidental Burning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 24 83

Undertaker ~~Alf Hemsley~~

Place of Business,

L A Bell M. D.

~~Medical Attendant~~ Coroner 3d Dist

Address, 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all o. 69.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Klie

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Eight *Months,* Eight *Days.*

Color, ✓

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 134 E. Biddle st

Cause of Death First, (Primary,) Indigestion — "Bottle fed."

Second, (Immediate,) Inanition.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mayo Cemetery

Date of Burial, Augt 25. 1883

Undertaker, John W Jackson

Place of Business, 709 E. Baltimore

J. Fussell Martenet M. D.
Medical Attendant.

Address, Blair avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials to the Office whence issued. Saturday of each week

No. 69279

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6921-C *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Farrell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Agent

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Charles Co. Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and Number. } 41 Valley St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), 5 weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 25th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 67280

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6728 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Pintner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 9 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 2 Shuter ct

Cause of Death, First (Primary), Scarlatina

Second (Immediate) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24th 1883

Undertaker J J Lutz

Place of Business, #73 Jefferson

E. L. Wallace per P. L. Daniel M.D. M. D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Superintendents in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 6.69281

The Special Attention of Physicians is respectfully called to the Numbers Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6928/ *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Landa.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto. City. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Pinehurst Ct.

Cause of Death First (Primary). Enteritis.

Second (Immediate). Exhaustion.

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, August 25th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 282 N. Lombard

A. G. Walls, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permit [illegible] No. 6928

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6928 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie I Bolton

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 1 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 412 N. Calhoun

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, August 24th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

J. Johnston M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for ... ne of all No. 6928

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15285 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs B. V. L. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 110 North Carey St

Cause of Death, First, (Primary,) Pulmonary Consumption.

Second, (Immediate,) —

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, August 25th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Harvey Hull M. D., Medical Attendant

Address Calhoun & Lanvale Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

... Permits for Burials, to the Office whence issued, Saturday of each week. 69284

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69287 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23d 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E. Rouse

Sex, Male or Female, { Cross out the word not required in this line. } M.

Age, 32 *Years,* ... *Months,* ... *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M.

Occupation, Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Snow Hill, Md.

Duration of Residence in the City of Baltimore, 4 wks

Place of Death, { Give street and Number. } 275 Forest St

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Dyspnea.

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Md.

Date of Burial, Aug. 24th 1883.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A. T. Reynolds M. D., Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...als, to the Office ... Baltimore will make returns of all

No. 69285

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6928 5 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 August 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lida Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 3 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 Lewis

Cause of Death, First (Primary). Diphtheritis.

Second (Immediate).

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, August 25 1883

Undertaker John Herring

Place of Business 382 Orleans St *Address,* 57 Bregenthal

C. J. Coffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued. [illegible] 5.6[illegible]86

The Special Attention of Physicians is Respectfully [illegible]ted to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6928[illegible] *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lutz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} President St Depot P W & B R R

Cause of Death, First (Primary), 1 R R Accident at Bay View 2 3 Station

Second (Immediate), 3

Duration of Last Sickness, ~~Sudden Death~~ abt 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 21st 1883

Undertaker Corlahan & Evans

Place of Business, Cor Eager & Valley Sts

Chas M. Morfit M. D.
Medical Attendant.

Comer E & Baltimore St
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 69287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6928 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1983
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen D. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co. Md

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and Number.} 366 Franklin St.

Cause of Death, First (Primary), old age

Second (Immediate), Do,

Duration of Last Sickness, Unknown

All the above info mation should be furnished by the Physician.

Place of Burial, Dawn Poles Cem

Date of Burial, August 24th 1883

Undertaker W A Baiger

Place of Business, 74 S. Bdwy

James Bacon M. D.
Medical Attendant.

Address, Cor. Arlington Ave. & Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the ... Cemetery in Baltimore will take receipts of all

No. 69288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Hogan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Nine *Years,* Seven *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 49 John St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis (Diphtheritic)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 25th

Undertaker, Charles Scriven

Place of Business. 271 Eutaw St

T. R. McCormick M. D.
Medical Attendant.

Address 454 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...City of Baltimore will make returns of No. 6989

Permits for Burials, to the Office whence issued, Satu...

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 6989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE MD.

Date of Death, Aug. 24/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bonifacee.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, (

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary.) Cholera Infantum -

Second, (Immediate.) Exhaustion -

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 25/83

Undertaker, Frank the Neagle.

Place of Business, Division & Fremont

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem av, Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued S... ...turning of all

No. 69390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6926 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23/83 — Matt

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Matth.

Sex, Male or Female, {Cross out the word not required in this line.} Male

HEALTH DEPARTMENT AUG. 24 1883 BALTIMORE, MD.

Age, 5-0 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty (30) years.

Place of Death, {Give street and Number.} 263 Preston St.

Cause of Death. First (Primary), Cardiac valvular disease

Second (Immediate), Dropsy.

Duration of Last Sickness, One month.

The above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery.

Date of Burial, Augt 25th 83

Undertaker Geo Saffran

Place of Business, 121 Penna Ave Address, 112 N. Greene St

Louis V. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit for ... Baltimore will ... return of ...

No. 69291

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69291 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
AUG 24 1983
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Fisher

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 892 Druid Sh

Cause of Death. First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 26

Undertaker J Reis

Place of Business, ...

Wm. R. Russell M. D.
Medical Attendant.

Address 892 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 09292

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6292 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Foetus & Neice Woodo

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 4 Hours,

Color, White —

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 53 Raborg St.

Cause of Death, First (Primary), Premature birth.

Second (Immediate). 6th month of Pregnancy.

Duration of Last Sickness, lived 4 hours.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 24th 1883

Undertaker J. Loritz

Place of Business, #156 W. Madison St *Address,*

A R Steele *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emanuel Hofheimer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 *Years,* 6 *Months,* ✓ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number } 223 W Fayette St

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate.) Hemorrhage

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, August 26

Jos. E. Chaillé M. D.
Medical Attendant.

Undertaker, D Thuns

Place of Business, 11 W. Pratt St *Address,* 36 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 69294

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6227 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hote

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Stone mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} S[illegible] Payson St

Cause of Death, First (Primary), Disease of lungs produced by

Second (Immediate), a Gunshot wound during war

Duration of Last Sickness, 4 months

the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Aug 26

Undertaker [illegible]

Place of Business,

James Bosley M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69295

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69295 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* —— *Months,* 8 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Holland Alley & Lombard

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), 11

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 25 1883

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker & ... BALTIMORE ST. *Address,*

Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the ... CITY, MD. City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 69396

Board of Health, City of Baltimore.

Permit No. 9296 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th, —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Jane McCall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* — *Months,* — *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and Number. } No. 538 Cross Street.

Cause of Death, First (Primary), Change of Life

Second (Immediate), —

Duration of Last Sickness, One year

The above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 26th 1883

Undertaker John S. Mackey

Place of Business, N. 151 Caroline St

Wm. H. Wilkins — M. D.
Medical Attendant.

Address, 1 E. Columbia Ave Fremont Or

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

... City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 6929

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6929 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Jones

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 41 *Years,* 1 *Months,* 12 *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 256 Shaw St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pul. Hemorrhage

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 27th

Undertaker, Geo Schilling

Place of Business,

W. W. White, M. D.,
Medical Attendant.

Address, 347 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6226 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Fredenica Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} W. 1 Wyeth Ct.

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate).

Duration of Last Sickness, Two (2) years

the above information should be furnished by the Physician.

Place of Burial, Western cemetary

Date of Burial, Aug 26th 1883

Undertaker D. Wiegand

Place of Business, 166 Druid Hill Ave

Wm. H. Alderdice M. D.

Medical Attendant.

Address, Cor Columbia Ave & N. Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

the Office whence issued, Saturday of each week

No. 6944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6209 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT AUG 26 1893 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday, Body found Aug 23rd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 50 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Body found Back of Bush Lot below Pier

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate), Suspected Suicide

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, E D

Date of Burial, Aug 26

Undertaker E Kuehnau

Place of Business,

R Phin Wolff M. D.
Coroner
Medical Attendant.

Address, 67 Bush

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6920 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, August 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Myers.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, About 45 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Hod carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carrol Co. Md.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and Number.} No. 11 Inloes Alley.

Cause of Death, First (Primary), Tetanus

Second (Immediate), Exhaustion from tetanic spasms.

Duration of Last Sickness, Four days.

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 25 1883

Undertaker Morgan & Pyle

Place of Business, Hall & Pyle

Christopher Johnston Jr. M. D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...make returns of all ...ials to the Office whence issued, Saturday of each week. No. 6931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6930 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or former, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD. AUG 25 1883

CERTIFICATE OF DEATH

Date of Death, Aug 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Clay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bay View

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Little St

Cause of Death. First (Primary),

Second (Immediate) Catarrh & Cholinfantum

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Aug 23

Undertaker E Burchart

Place of Business,

Geo. N. Benson M. D.
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Clerks in City of Baltimore will make returns of all ... No. 69312

...Permits for Burials to the Office whence issued. Saturday ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69302 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Dreier Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 27 Jefferson St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) with dentition &c.

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cemetery

Date of Burial, Aug 25th

Undertaker, Geo. W. Lewis,

Place of Business, 8 N. Central Ave

C. H. Carter M. D.,
Medical Attendant.

Address, 827 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...timore will make returns of all

No. 69303

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69303 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 25 1983 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 24th 1883

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 5 Rowsharman St

Cause of Death, First (Primary),

Second (Immediate) Intemperance

Duration of Last Sickness, Three days under My Care = for Some

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Aug 26th

Undertaker W. Ginnis

Place of Business 13 Rowsharman *Address,* 11 S 14th St

A Trapp Shertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Baltimore will make returns of all ...to the Office whence issued. Sec'y.

No. 69304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6230 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kolb

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 32 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Cancer of Duodenum

Second (Immediate), Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 26th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Address, University Hospital

F. West M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...will make returns of all ... No. 64305

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64305 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna R Williams

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widow,* {Cross out the word not required in this line.}

Occupation, Mother

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} #53 N. Bond St.

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Monday 26th /83

Undertaker, Thos. E. Hughes

Place of Business, 60 E. Balto

Wm H. Norris M. D.,
Medical Attendant.

Address, 154 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69306

The Special Attention of Physicians ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69306 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. a Mason

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* ..... 5 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 163 East - 21 -

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 26th

Undertaker, Geo. Shilling

Place of Business, ...

D. Shatt M. D.,
Medical Attendant.

Address, 143 n Exeter - St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6930 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 25 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Deeny

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, about 30 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} ✓

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, a sekend 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, August 27 1883

F West M. D.
Medical Attendant.

Undertaker Joseph F Byrne

Place of Business, 59 n Liberty Address, Universt Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...week. 6930

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible], and to List [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69306 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany - 6 yrs in Am.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and Number.} St. Josephs Hospital

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial. Aug 26 1883

Undertaker, J S Bossing

Place of Business, 125 Orleans

Adam Lockard M. D., Medical Attendant.

Address, 188 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6930 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Finke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and Number.} 286 Hanover St

Cause of Death. First (Primary), Carcinoma Uteri

Second (Immediate), Sepsis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, August 26th 1883

Undertaker Ernst Schlemmer

Place of Business, 208 Sharp St. *Address,* 170 S. Sharp St

Wm Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Baltimore will make returns of all ... 2937

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6,311 *Office of Registrar of Vital Statistics.* Ward 19

FILED DEPARTMENT AUG 26 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug-26-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months.* ~~——~~ 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~———~~

Occupation, ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 207 N. Carrollton Av

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem

Date of Burial, Aug 27th 1883

Undertaker, Jno A McCloy

Place of Business, Fayette St

John J. Kring M. D.,
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

No. 6931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6931 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Finning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 20 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, since birth

Place of Death. {Give street and Number.} Cor Bull St. & Fortau

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 26th

Robt P. Ellet M. D.
Medical Attendant.

Undertaker B. Hearle

Place of Business, 82 West St. *Address,* 213 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

HEALTH DEPARTMENT
AUG 26 1883
BALTIMORE

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Arthur Sharpe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 21 Days.

Color, Mulatto

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} 49 Bruce st

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.)

Duration of Last Sickness, Seven Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharpe st Cemetery

Date of Burial, Aug 26 1883

Undertaker, William Krieger

Place of Business, 1062 East

R. M. Bell M.D.,

Medical Attendant.

Address, 210 N. Howard st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

HEALTH DEPARTMENT
AUG 26 1883
BALTIMORE, MD.

Board of Health, City of Baltimore.

Permit No 6973 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Norris

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 13 Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 7 Whatcoat St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Aug 26 1883

Undertaker William H Dunge

Place of Business, No 62 E Ost St

J. W. J. [illegible] M. D.
Medical Attendant.

Address,

Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

69314

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore.

RECEIVED
AUG 26 1883
BALTIMORE, MD.

Permit No. 6934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number.} 272 Putnam

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Famine

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, August 26 1883

Bart K Lankin *M. D.*
Medical Attendant.

Undertaker, Wilhelm Bourgé

Place of Business, No 62 East St *Address* 34 or 36 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

No. 6815

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

HEALTH DEPARTMENT
AUG 26 1883
BALTIMORE, MD.

Board of Health, City of Baltimore.

Permit No. 6931/5 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 24. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Sadtler

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, Years, 11 Months, 13 Days.

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 12 N. Castle St.

Cause of Death. First (Primary), ~~Colitis~~ Cholera Infantum

Second (Immediate), Meningitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Aug 26 th 83

Undertaker C. France

Place of Business, Frank & Wolfe *Address,* Balt. & Paul. Sts.

G. G. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert... will make returns of all ...o. 6931 C

Board of Health, City of Baltimore,

Permit No. 6936 *Office of Registrar of Vital Statistics.* 1883

Ward No. ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo... if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3. oclock A M Saturday Aug 25 th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kesler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ... Years, ... Months, 16 Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Non

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } SE Corner of Boston and Elliott

Cause of Death, { First, (Primary,) Malaria / Second, (Immediate,) Congistion

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Aug 26 1883

Undertaker, G. Franz

Place of Business, Bank & Wolf

J. E. Prichard Medical Attendant. M. D.,

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6931[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT, AUG 26 1883 BALTIMORE, MD.

Permit No. 6931[illegible] *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the present filing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Grace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 6 S. Chapel St

Cause of Death, First (Primary), ...

Second (Immediate) Cholera Infantum

Duration of Last Sickness, Three days

All the above information could be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 26th 83

Undertaker G. Frances

Place of Business, Bantz & Wolfe *Address* 342 Pine Alley

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 9318

HEALTH DEPARTMENT
AUG 26 1883
BALTIMORE, MD.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9318 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rabe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md — Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 211 S. Bethel St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), accompanied by Rubeola

Duration of Last Sickness, Six days.

the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cemetery

Date of Burial, 27 August 1883

Undertaker Leonhard Kurz

Place of Business, 277 S. Bondstreet, *Address,* 1143 Aliceanna St.

John A. Kelleher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69319

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69319 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 20-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wyanka A & C Lewis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 18 mos ~~*Days,*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mea

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and Number.} 170 S Lanvale ave

Cause of Death. First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fair Hill

Date of Burial, Aug 26/

Undertaker W. A. Kaufman

Place of Business.

Geo. R. Benson M. D.
Medical Attendant

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifica

No. 6932

Board of Health, City of Baltimore,

Permit No. 6932

Office of Registrar of Vital Statistics. Ward

AUG 26 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Conner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 11 Months, Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 97 Granby st

Cause of Death, First (Primary). Diphtheritic Croup

Second (Immediate).

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, H. Vincents Cemt

Date of Burial, Aug 26th 1883

Undertaker Lee & Bynum

Place of Business, Front st

P. J. Gaud M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 69321

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69821 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah L. Peyton

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ Seven *Months,* ~~*Days.*~~

Color, Brown

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 14 Pierce St.

Duration of Residence in the City of Baltimore, Seven months.

Place of Death, {Give street and Number.} No. 14 Pierce St.

Cause of Death, First (Primary). Catarrh

Second (Immediate). Blood Poison

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 27 1883

Undertaker Stat Kennedy

Place of Business, 114 Orchard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 6 3 2 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6 9 8 2 2 *Office of Registrar of Vital Statistics.* Ward 1 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lawler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 178½ Potrero Sh

Cause of Death, First (Primary),

Second (Immediate). Puerperal Mania

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Aug 27

Undertaker Henry McFaul

Place of Business, 8 N Central Ave

Edwards Otis M. D.
Medical Attendant.

Address, 146 Hanover Sh.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6[illegible]323

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
AUG 27 1889
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 165 Greenmount Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 28th

Undertaker Geo. Schilling

Place of Business, ~~Holland Square~~ *Address,* 215 Druid Av.

H. Fenton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 69324

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 26 aug 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann M. Bond

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, nearly 76 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N.E. Corner Bank St & Ellington Ave

Cause of Death, First (Primary,) Bilious Dysentery plus Chronic Septicaemia from an old abscess

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial, Aug. 28. /83

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

B. F. Lemat M. D.
Medical Attendant.

Address, 94 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69825

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69820 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L Larson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ... *Months,* ... *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 273 N. Chapel St

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Toxaemia

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Aug 27th 1883

Undertaker, J J Locke

Place of Business, 473 Jefferson St *Address,* 234 N. Eutaw

G. F. Jaylet *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...urials in the Office whence issued. Estimate of each week. No. 6937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69826 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizth Steuart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N. Chester 4 door S. of Fayette St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug. 26. 1883.

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St *Address,* 75 E Balto St

J. W. Hancke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6827 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claude Coleman.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 27/83.

Undertaker, Frank McVey.

Place of Business, Fisher & Sons

R. H. Goldsmith M. D.,
Medical Attendant

Address, Harlem ave, Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6,928 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Drusilla McKay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washer & Ironer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 521 McElderry St.

Cause of Death, First, (Primary,) Phthisis & Inertia Ponighti

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 27th 1883

Undertaker, S. H. Clare

Place of Business, 198 S. Howard St

G. J. Layton M. D.,
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Bowden

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and number} 148 Aisquith st

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Chronic Pneumonia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 27th 83

G. F. Nelson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St

Address, 148 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ued Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67320 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Elizabeth~~ Aug 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Beggar

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, — unknown

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Fracht of femur

Duration of Last Sickness, 2 months —

All the above information should be furnished by the Physician.

Place of Burial, St Josephs Cemetery

Date of Burial, 29th Aug 1883

Undertaker, J. H. Lee

Place of Business, Broadway & E

Oscar J. Pursley M. D.,

Medical ~~Attendant~~ Examiner.

Address, 188 Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phys... ...spectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 6733 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J. Krauzer.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 11 *Months,* 21. *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 5 E. Biddle Alley.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Has been sick for years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Aug. 28

Undertaker, Walter Immel

Place of Business, 315 West Biddle *Address* 273 Lexington

John A. H. Hoge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6832 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
AUG 27 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 191 N Dallas st

Cause of Death, First (Primary) Typhoid Fever

Second (Immediate) Intestinal perforation Peritonitis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, August 28 1883

Undertaker Henry Koch

Place of Business, 314 Central ave *Address,* Eager Gordon

Rossiter M.D.
Medical Attendant.

McKenna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Undertaker, to the Office within 6 hours after [illegible] each week. No. 6933

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6933 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelaine Behley Hennelle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days,

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 58 Hamburg St

Cause of Death, First (Primary), Cholera Infantum 7 Days

Second (Immediate), Convulsions 12 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 27, '83

Undertaker Amos Aug

Place of Business, 263 Light

F. B. Noble M. D.
Medical Attendant.

Address, 58 Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6933 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Motter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1. *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and Number.} 660 Light St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Ch. Ch.

Date of Burial, Aug 27/83 Thos Booth M. D.

Medical Attendant.

Undertaker Andrew Clay

Place of Business, 263 Light St *Address,* 146 Hanover

Paid

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69330 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August-25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Diston

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Months, 8 Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 220 N. Stricker St

Disease of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 27 1883

Undertaker William H Engel

Place of Business, 62 East St

G J Taylor M. D.,

Medical Attendant.

Address, 254 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6936 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriett Schwarz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days,*

Color, V

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 1 Woodcock-st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 - days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 27th 1883

Undertaker Mr L. Hans

Place of Business, 317 Mulberry St *Address,*

H G Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67337 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER REGISTRY
AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 20 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie R Dover

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 2 *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 726 or Pratt St

Cause of Death, First, (Primary,) Scarlatina Maglina

Second, (Immediate,) Blood Poison

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Aug. 27/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

C. F. A. Kurtz M. D.,
Medical Attendant.

Address, 53 N Green St

FROM THE BRETTMORE CO.
BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 6730

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6538 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E. Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 6 *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 144 Scott St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem *Per* J. E. Eldredge

Date of Burial, Aug 27/83 A. M. Gilbert M. D.,

Undertaker, JOSEPH B. COOK, Medical Attendant.

Place of Business, Undertaker, &c *Address* Fremont & Columbia Ave

707 W. BALTIMORE ST.
BALTIMORE, MD.

Extract from Ordinances of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1c

Permit No. 6,330

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo S. Holze.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 2. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} # 3 Selma Place

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 4 Moo.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 27th/883

H. H. Goodman M.D.,
Medical Attendant.

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.
707 W. BALTIMORE ST

Address, 18 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69340 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Adams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 149 N Fremont st

Cause of Death, First (Primary),

Second (Immediate). Heart Disease.

Duration of Last Sickness, 5 Months

the above info mation should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 28/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

Alexander Smiley M. D.
Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6934 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gough

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* Seven *Months,* Seven *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dillon St. # 208

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Aug 28. 1883

Undertaker H. Sanders & Son

Place of Business, 253 Canton Av

C. F. Carnes M. D.,
Medical Attendant.

Address, 776 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

8 Board of Health, City of Baltimore,

Permit No. 69342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 25 Aug. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 9 *Months,* 5 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 22 S. Wolf St.

Cause of Death, First (Primary,) ~~Scarlet Fever~~ Scarlatina

Second (Immediate,) asthenia.

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, Aug 29th

Undertaker, [illegible]

Place of Business,

B. F. Leonard M. D.
Medical Attendant.

Address, 34 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69346 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Deibiek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2/ *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 172 East av.

Cause of Death. First (Primary), Infantile convulsions

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpha Omaha Grave yard

Date of Burial, August 28 - 10 o'clock AM

Undertaker John Brown

Place of Business, 224 S. Bethel St

R. A. Mansfield M. D.
Medical Attendant.

Address, 47 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6934 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Marine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Journalist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 Years Residence

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) General Dropsy

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 28th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

C. Truett M. D.,
Medical Attendant.

Address, 92 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69340 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 26 ", 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Jacobs

~~*Sex,*~~ *Male or Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 18 Hammond alley

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Mo

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug. 28

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave *Address,*

M. H. Harris *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 69376 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Stansbury

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~: {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire lifetime

Place of Death, {Give street and Number.} 408 N Carey St

Cause of Death, First, (Primary.) Softening of the brain –

Second, (Immediate.) do

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Aug 28 1883

Undertaker, Kane & Co

Place of Business, 538 W Lexington St

W Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6237 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug. 27th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Bertie Chase

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Eight *Years,* —— *Months,* —— *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 55 Conway St.

Cause of Death, First (Primary), Croupal Diphtheria

Second (Immediate), Apnoea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug 29th 1883

Undertaker John S. Mayer

Place of Business, 1018 Aliceanna st

DeLancey H. Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ready

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 69378 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 24th Aug 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J White

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 5 *Months,* ..... *Days,* 6

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 62 Calhoun St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Aug 24/83

Undertaker, F. W. Keelmer

Place of Business, 129 Harlaugh Street

Wm. H. Wiemann, M. D., Medical Attendant.

Address Shute Wiemann & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6234 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 62 Dillman ave

Cause of Death, First (Primary), ...

Second (Immediate) Cramum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Lincoln

Date of Burial, Aug 29

Undertaker Cordelia Evans

Place of Business, ...

Geo. A. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C... No. 4...

Board of Health, City of Baltimore,

Permit No. 69360 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Hollins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *8 Months,* ... *6 Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 54 Cross St.

Cause of Death, First (Primary),

Second (Immediate), Tabes Mesenterica

Duration of Last Sickness, 1 month

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, August 30.

Undertaker B Hardt.

Place of Business, W. Pratt St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 69351 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Dancy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 14 Neighbors st

Cause of Death, First (Primary), Pistol Shot wound. Lung penetrated

Second (Immediate). Inj Brain

Duration of Last Sickness, Instantly

the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 28. 1883

Undertaker Daniel J Linger

Place of Business, 62 East St

Alexander Imiley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back o.

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 28 1883

CERTIFICATE OF DEATH.

Date of Death, Aug. 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Vaughan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 6 S. Calhoun

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Rapid Consumption

Duration of Last Sickness, about two months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 29 1883

Undertaker, Matthew Colgan

Place of Business, 227 Mulberry St

John Hood M.D.,
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this. No.

Board of Health, City of Baltimore,

Permit No 6/305 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} 179 Vine St

Cause of Death, First (Primary), ...

Second (Immediate), Gastritis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Peters

Date of Burial, Aug 29 1883

Jno D Blake M. D.
Medical Attendant.

Undertaker Mathew Cadden

Place of Business 227 Mulberry St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t[illegible]

Board of Health, City of Baltimore.

Permit No. 6854 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ortman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 69 Burke St

Cause of Death, First (Primary), Cerebritis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Ezekiel Cemetery

Date of Burial, [illegible] 28th

Undertaker Wm Nicolaus

Place of Business, 258 Aliceanna

E. J. Williams M. D.
Medical Attendant.

Address 33 Eliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27 — 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Hyson —

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 153 Water St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) "

Duration of Last Sickness, Four months —

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Aug 29/93

{Undertaker, Lewis H Oliver

{Place of Business, 35 Park Av

T. Dwight Jr. M.D.
Medical Attendant.

Address, 101 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 9357

Board of Health, City of Baltimore,

Permit No. 69356 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Black

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Son

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} 184 N. Durham St.

Cause of Death, First (Primary), Pulmonary hemorrhage

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 83

Undertaker J. H. Locke

Place of Business, 473 Jefferson

R. W. Manahan M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

Permit No. 69367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. G. Buttle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ~~—~~ *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N° 10 Woodyear st

Cause of Death { First, (Primary,) Dentition
, { Second, (Immediate,) Pneumonia & Exhaustion

Duration of last Sickness, 8 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 29

Undertaker, Morton Fahey

Place of Business, 128 Stevens st

Frank J. Flannery M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

AUG 28 1883

Permit No. 69305 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Le Rummey

Sex, Male ~~*or Female.*~~ { Cross out the word not required in this line. }

Age, ~~Yrs~~ 15 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and Number. } 124 S. Poppleton St

Cause of Death, First (Primary),

Second (Immediate). Congestive Intermittent

Duration of Last Sickness, 2 or 3 hours. Seen

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Aug. 29/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

E. A. Beer M. D.

Medical Attendant.

Coroner

Address, 161 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1

Board of Health, City of Baltimore.

AUG 29 1883

Permit No. 6630 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27-1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane B. Seideps

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wilmington, Delaware

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and Number.} 61 Boyd St.

Cause of Death, First (Primary), Cardiac Valvular Disease,

Second (Immediate), Dropsy.

Duration of Last Sickness, Three months.

the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery,

Date of Burial, Aug 28

Undertaker J. Bloch

Place of Business, 717 West Baltimore *Address,* 112 N. Greene

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

V. 6090

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

AUG 28 1883

Permit No. 69860 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John a. Riken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Pa

Duration of Residence in the City of Baltimore, And Sick

Place of Death, {Give street and Number.} No. 338 N. Gayette Street

Cause of Death. First (Primary). .....

Second (Immediate). Marasmus

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Aug. 29/83

Undertaker JOSEPH B. COOK,

Place of Business Undertaker, 307 W. BALTIMORE ST. BALTIMORE, MD.

Chas N. Nolff M. D.
Medical Attendant.

Address, 306 N. Gayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6936 / *Office of Registrar of Vital Statistics.* Ward 1

AUG 28 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rowe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, / *Years,* / *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 9 Patapsco

Cause of Death, First, (Primary,) Chronic Inflammation

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Trinity Cem

Date of Burial, Aug 29 " 83

Undertaker, G. J. Fraser

Place of Business, 7 Bank & Wolf *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 19362 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam L. Funck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and Number.} 86 Collington ave

Cause of Death, First (Primary). Amputation of Right foot

Second (Immediate). Pyaemia or blood Poison

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Aug 29th 83

Undertaker G. Frazer

Place of Business, Frazer & Wolf *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 6936 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 28. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dohmyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married.

Occupation, ~~~

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

AUG 28 1883

Board of Health, City of Baltimore.

Permit No. 693614 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Ebert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 24 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and Number.} 39 Lancaster St.

Cause of Death, First (Primary), Marasmus

Second (Immediate)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 29

Undertaker Lockard Weber

Place of Business, 273 S Bond St *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

96 Board of Health, City of Baltimore,

Permit No. 69860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Seidewitz

~~Sex~~, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* 4 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Paperbox Manuf

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 283 W Pratt St

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Aug 30th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 37 Fayette St

D Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69866 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Morgenwick

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, ~~Years,~~ Months, 11 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 2 E. Baker St

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 29th

Undertaker, Walter Ammel

Place of Business, 815 W. Biddle St *Address,*

I. E. Ricketts M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6936 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Longood

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 300 N. Fayette St.

Cause of Death. First (Primary), Enteric Colitis

Second (Immediate), Terminating in Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Shel. Scholem Cem.

Date of Burial, Aug. 29.

Undertaker Walter Emmert

Place of Business, 315 N. Bethel *Address,* 306 N Fayette St

C W Neff M D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 69368 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27 = 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 81 N. Spring

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 29

Undertaker, J. H. Harrell

Place of Business, 116 Aisquith

Thos. Young Miller M. D., Medical Attendant.

Address, 67 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 69367 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Tuttle

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 79 E Balt

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Spasm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 30 1883

Undertaker J. Eliza Cox

Place of Business, 27 Bank St *Address,* 171 N. Calvert

Geo. Lynch, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 6937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Honeeman

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bact md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 201 Jude & Road

Cause of Death {First, (Primary,) Inflammation bowels

{Second, (Immediate,)

Duration of last Sickness, about 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Londenpark

Date of Burial, Aug 30 th.

Robt K Neeson M. D.
Medical Attendant.

Undertaker, Jno. F. Pinlen

Place of Business, 66 Frederick ave

Address, 554 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6937 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Cole

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 15 years.

Place of Death, {Give street and Number.} 47½ York St

Cause of Death, First (Primary), Disease of Heart

Second (Immediate), Hypertrophy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 29

Undertaker H. Ross

Place of Business, 95 Lonsdale St

[illegible] M. D.

Medical Attendant.

Address, 101 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6937 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* *Days,*

Color, ed

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and Number.} # 19 Temple St.

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 29-1883

Undertaker Wm H Madden

Place of Business, 46 East St

A Crapster Shortzer M. D.
Medical Attendant.

Address, 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6963 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Grace Mears

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 125 N Stricker St

Cause of Death. First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, One month

the above info mation should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 29th 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St

James J Dooley M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 69374 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1888 BALTIMORE

Date of Death, August 28 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Priscilla Hanley

Sex,—Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 444 Fort av

Cause of Death, { First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate.) 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, August 29

{ *Undertaker,* B. Hurley
{ *Place of Business,* 82 West St

Acct Cooke M. D.,
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6703 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28/83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora V. Christhilf

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 10 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City, Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, { Give street and Number. } 45-2 N. Howard St.

Cause of Death, First (Primary),

Second (Immediate), Scarlet Fever

Duration of Last Sickness, Six days

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 29th 1883

Undertaker D. Hoffman & Co

Place of Business, 320 Lemmon Alley *Address,* 112 N. Greene St.

Russell W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 69676 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Landes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 178½ Eutaw St.

Cause of Death, First (Primary),

Second (Immediate). Cirrhosis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, August 29th

Undertaker Henry Mc Ginn

Residence of Business & Central Ave *Address,* 146 Hanover St

Medical Attendant. M. D.

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...es of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 69377 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie Harries

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } Union Protestant Infirmary

Cause of Death, First, (Primary,) Bright's disease of the Kidneys

Second, (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30th 1883

Undertaker, Armstrong Bro

Place of Business, 163 Light

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore.

Permit No. 6938 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Gregory.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 363 William St.

Cause of Death, First (Primary), Pertussis,

Second (Immediate), Meningitis,

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Aug 29th 1883

Undertaker Aumiller Bro

Place of Business, 263 Light St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 69379 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sellers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Commercial Wharf

Cause of Death, First (Primary), Malarial Fever (suspected)

Second (Immediate),

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, August 29 1883

Undertaker John Heaney

Place of Business, 382 Orleans

Chas. M. Morfit M. D. Medical Attendant.

Address, 67 Wells St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 69380 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sunderland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Calvert Co.

Duration of Residence in the City of Baltimore, Less than one year

Place of Death, {Give street and Number.} 141 S. Stricker

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,) Inanition

Duration of Last Sickness, Three or four weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, Aug 30th 1883

Undertaker, John Meacher

Place of Business, No 150 Canton Ave

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

* 69381
See following certificate

Full Name of Deceased, { not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... Years, ... Months, ... Days,

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary). / Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, Aug 20

{ Undertaker Wm Dolfer
{ Place of Business,

Geo. P. Ginsom M. D.
~~Medical Attendant~~
Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 6938 1 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased or sooner if

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

Date of Death, August 28/883

Name of Deceased = Mary McGraw

~~Male or~~ Female

Age — Two years

Color — White

Occupation — Child

Birth Place — Baltimore

Duration of R. in B.C. during Life

Place of death = Rear of 80 N. Spark

Cause of death = Diphtheritic Croup

Duration of sickness — 18 hours

F. L. Lotz Att. Undertaker
11 & 18 St.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 6938 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Aug.~~ 28 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hartman

~~*Sex,*~~ *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months.* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~ .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 6 h. Fremont

Cause of Death. First (Primary). Cholera Infantum

Second (Immediate). Marasmus

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Still Cemetery

Date of Burial, Nov 29

Undertaker W Dixel

Place of Business, 151 S Bond *Address,* 248 E. Baltimore

J Fletcher M D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6786 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Duncan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Mother Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} # 97. S. Wallace

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) Typhoid "

Duration of Last Sickness, 4 weeks.

All the above Information should be furnished by the Physician.

Place of Burial Lane

Date of Burial, Aug 30

Undertaker, C Rule

Place of Business,

Wm H. Morris M. D.,
Medical Attendant.

Address, # 154. E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore.

Permit No. 6938 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Aug. 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Thomas

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 14 Mc Cubbin St.

Cause of Death First (Primary), Diphtheria

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lowrie County

Date of Burial, Aug 29th 1883

Undertaker J J Lobb

Place of Business, 173 Jefferson

E. L. Irons M. D.
Medical Attendant.

Address, 875 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 6385 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1883

CERTIFICATE OF DEATH.

Date of Death, Augt 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no' named, give names of parents.} John G Prud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lawyer age

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 81 McCulloh st

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 30th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 75 Franklin

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 29 1883 BALTIMORE

Date of Death, August 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dean Murdock Forsyth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 N. Calhoun St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Aug 30

Undertaker, F. D. Caufero

Place of Business,

A. D. Bell *M. D.*

Medical Attendant.

Address 934 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certific

6

Board of Health, City of Baltimore,

Permit No. 69387

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha M. Sheller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 271 W. Pratt St

Cause of Death, First, (Primary.) —

Second, (Immediate.) Convulsions Internal

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug. 30-1883

Undertaker, Hal Baird

Place of Business, 252 Aliceanna

W. F. Thayer M.D.,
Medical Attendant.

Address, 89 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 69388 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF ~~DEATH~~

Date of Death. Sept 29 1883 AUG 29 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Aug. McKnew

Sex, Male or Female. {Cross out the word not required in this line.} —

Age, ... *Years,* 5 *Months,* 7 *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 207 Hudson St

Cause of Death. First (Primary), Morbus Mucosus Enteritis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial. Mount Carmel

Date of Burial. August 30th

Undertaker H. C. Sanders Son

Place of Business, 202 Eastern Ave

E. J. Williams M. D.
Medical Attendant.

Address, 58 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

Board of Health, City of Baltimore,

Permit No. 69389

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hager

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* about ~~*Months,*~~ *Days.*

~~*Color,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Factory hand

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 1 Furrow St

Cause of death, First, (Primary,) Pharyngo-laryngitis

Second, (Immediate,) Oedema glottidis

Duration of Last Sickness, 5 d/s about

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 31 /83

Undertaker, John P. Pauley

Place of Business, 66 Frederick Ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 69390 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Meyer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* ..... *Months,* ..... *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 107 China St

Cause of Death, First, (Primary,) Organic Malvular Disease of Heart

Second, (Immediate,) .....

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, aug 30 1883

Undertaker, H Rapp

Place of Business, 95 Lombard St

I. C. Burch M. D., Medical Attendant.

Address, 157 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Murray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Eight *Days.*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fritz S. Court Belair Road Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Fritz Court (No number)

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 30

Undertaker, W. H. Dwyer.

Place of Business,

T. J. Simms M. D.
Medical Attendant.

242 N. B. Way.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 69392 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Martin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 153 N. Eutaw st

Cause of Death, First, (Primary,) Albuminuria disease of Heart

Second, (Immediate,) Dropsy & Erysipelas, and old age

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Ch

Date of Burial, Aug 31st 1883

Undertaker, John L Machen

Place of Business, No 150 Conden Address, 71 Franklin st

F. R. McStamus M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 69393 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE AUG 30 1883

CERTIFICATE OF DEATH.

Date of Death, August 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas T. Lipps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 80 Hanover St.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Bright Disease

Duration of Last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial. Aug 30th

Undertaker, W. N. Ezell

Place of Business, #131 Hanover St.

Henry Salter M. D.,
Medical Attendant.

Address, 160 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 69394 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Dennis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. } Widower

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 393 Bond St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Paralysis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, August 30th 1883

Undertaker, Emmy A. Mitchell

Place of Business, 550 W Fayette St

W. H. Stanley, M. D.
Medical Attendant.

Address, 12 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 69395 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Frank Bauernfeind

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and Number. } 240 Mulberry Street

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, Three (3) weeks

the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Aug 30th

Undertaker M. Frank

Place of Business, 34 Bank St Address, Cor Eager & Caroline

C. W. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 69396 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

Date of Death, August 29 /83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Doyle

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 16 Days.

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 416 N. Gilmor

Cause of Death. First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Aug 30/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 107 W. BALTIMORE ST. BALTIMORE, MD.

H. L. Dean M. D.
Medical Attendant.

Address, 88 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

18

Permit No. 6939

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Conroy

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 23 years

Place of Death, {Give street and number.} 67 Parkin St,

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer of Womb

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Aug 30/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST.

W. W. Hebner M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6938

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

Date of Death, 29th August 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Waldron

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 222 Bolton St

Cause of Death, First, (Primary.) Congestion of bowels

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial Louden Park Cem.

Date of Burial, Aug 31/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c 707 W. BALTIMORE ST. BALTIMORE, MD.

Dr P. Hoffman M. D.,
Medical Attendant.

Address, 279 East Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 69399 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 29: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Campbell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 238 E. Monument St.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Gastritis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Oldtown Cemetery

Date of Burial, aug 31

Undertaker, H. W. Mears

Place of Business, 45 N. Gay

John H. Cooman M. D.,
Medical Attendant.

Address, 238 E. Monument
N. E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 6740 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Finwick

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth:} Virginia 15 yrs

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death. First (Primary), ...

Second (Immediate). Concussion of Brain

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 30th 1883

Undertaker S. M. Chase

Place of Business 198 S. Howard St

Geo. Strauss M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6761 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th at 13.25 a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Anderson

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 13 *Days,*

Color, Black.

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation Laundress.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac County Virginia

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and Number.} 13 Little Pitt St.

Cause of Death, First (Primary),

Second (Immediate). Typho-Malaria fever.

Duration of Last Sickness, About 3 weeks

the above info mation should be furnished by the Physician.

Place of Burial, Penn Ln

Date of Burial, Aug. 30 1883

Undertaker W. W. Madden

Place of Business, 46 East Pratt St

Geo. C. Shannon. M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6942 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Body found August 30th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Everet

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, During Life

Place of Death. {Give street and Number.} Abbotts Iron Wharf

Cause of Death. First (Primary). 2 accidentally Drowned

Second (Immediate). 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Ch

Date of Burial, Aug. 30th 83

Undertaker G. F Franc

Place of Business, Franz & Wolf

Chas. Mc. Mortit M. D.
Coroner E. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69403 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Board of Health

AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Rosenstadt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and Number.} 242 Caution Av,

Cause of Death, First (Primary), Intermittent Fever

Second (Immediate), accomp. by Enlarged Glands

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician

Place of Burial Mt Olivet Cemetery

Date of Burial, August 30

Undertaker W. Eilau

Place of Business 101 Broughton

Jno H Kelbey M. D.
Medical Attendant.

Address, 1438 Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rema... ...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69467 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Jane Krishaw

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancashire England

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give street and Number.} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Tuberculosis.

Second, (Immediate,)

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30

Undertaker, R. M. Lysard

Place of Business, 198 Pearson

C. T. Bruan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6245 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, White *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1639 Eutaw Pl.

Cause of Death, First (Primary), Abscess

Second (Immediate),

Duration of Last Sickness, Aug 31

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 31st 83

Undertaker G. Frank

Place of Business, Bank & Holt

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 69466 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Richards

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 93 S. Clinton

Cause of Death, First (Primary). Tuberculosis

Second (Immediate). Pleurisy

Duration of Last Sickness, 2 days

All the above information to be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Aug 31 83

Undertaker G. Franz

Place of Business, Barns & Wolfe *Address,* 245 S. Hanover

F. Statter M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69407 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Cook

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 yrs in America

Duration of Residence in the City of Baltimore, 35 yrs,

Place of Death, {Give street and Number.} E. Monument St.

Cause of Death, First, (Primary,) Phthisis,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 yrs

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Aug 31st 1883

Oscar Hoking M. D., Medical Attendant.

Undertaker, Henry Heck

Place of Business, 24 Central Ave Address, 188 N. Gilbert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 6902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 1883 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carneal Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *~~Days~~.*

Color, Colard

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 30

Place of Death, {Give street and number.} Infirmitary Dover & Hurst No 2021

Cause of Death, First, (Primary.) Hysterites

Second, (Immediate.)

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 30 1883

Undertaker, Wilkins & Dingee

Place of Business, 62 East st

[signature] M.D.,

Medical Attendant.

Address, No 36 Dover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Back of this Certificate.

Board of Health, City of Baltimore. 69409

Permit No. 69409 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Mc Andrews

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 *Years,* 11 *Months,* *Days,*

Color, wht

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cor. Boundary ave & N. C. R R

Cause of Death, First, (Primary,) meningitis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, August 30th 1883

Undertaker, [illegible]

Place of Business, 271 W Eutaw St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6940 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K. Randall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~Single, Widow or Widower~~

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 133 N. Calvert St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 31st 83

Undertaker, Nelson Sons

Place of Business, Park & Saratoga

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6944 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudius A. Poe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 26 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 482 Light St

Cause of Death, First (Primary), Disease of Heart Mitral & Tricuspid Valves Cirrhosis of Liver & Cystitis

Second (Immediate). Endocarditis & Heart Clot

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Sept. 1st 1883

Theodore Cary M. D.
Medical Attendant.

Undertaker H. W. Jenkins & Sons

Place of Business, Corner Saratoga & Eutaw Sts *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6941 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th August 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Sibney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Years, Months, 14 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 688 W. Pratt St.

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, {Give street and Number.} 688 W. Pratt St.

Cause of Death, First (Primary), Inflammation of Bowels.

Second (Immediate), — Brain

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 30 1883

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry st *Address,* Fayette & Fremont Sts

A. M. Littell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6944/6 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 30 1883

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W J Hall

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, about 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation 2d Mate British SS Devonshire

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Cancer of cardiac end of Stomach

Second (Immediate). Asthenia

Duration of Last Sickness, 5 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 30 1883

Undertaker Fidt & Kerchner

Place of Business, 129 N Arlington Ave

J West M. D.
Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6714 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hamm Shilling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Trunk-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 219 Orleans St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 31 1883

Undertaker, John Hearsey

Place of Business, 382 Orleans *Address,* 19 S Broadway

G. Hay M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60715 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Anderson Rawley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 30 E. Spring Av.

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmeal

Date of Burial, Aug 31

Undertaker, Fred Gaede

Place of Business, 29 S Broadway

John F. Hammett M. D.,
Medical Attendant.

Address, 5 W. Colvert & Reed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9110

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69716 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Hammerslough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} 216 W Lombard Street

Cause of Death, First (Primary). Dy Diarhoea

Second (Immediate). Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Heb Shalem Cemetery

Date of Burial, Aug. 31.

Undertaker C. Hollander & Sons

Place of Business, 22 N. Pratt str.

A Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69417 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Hullett

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } W

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Seventy Eight years

Place of Death, { Give street and Number. } 240 Franklin St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, Several years I saw her twice

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 31st 1893

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

H M Wilson M. D.,

Medical Attendant.

Address, 257 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69416 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1883 AUG 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hoffmaster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ✓

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 111 Eastern Avenue

Cause of Death, First, (Primary,) ———

Second, (Immediate,) — Hydrothorax —

Duration of Last Sickness, Two Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 1st 1883

Undertaker, Peter Frey

Place of Business, 91 Eden Av

N. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 2075 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY F

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6771 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1883 AUG 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Jovanischek Frauder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One (1) *Years,* Two (2) *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 321 N. Wurkmundt

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Eclampsia

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, Aug. 24th 1883 O. W. Schreck M.D.

Medical Attendant.

Undertaker Adam Fink

Place of Business, 416 N. Gay Address, Cor Eager & Carlin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69420 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Walter Matthews

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 10 Green Willow Court

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, About six week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 31 . 83

Undertaker, Abt Hemsley

Place of Business, 116 orchard St

Elias C Price M. D.,
Medical Attendant.

Address, 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69421 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Melton Keelen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 708 Saratoga St

Cause of Death, First, (Primary,) Defective Development.

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Augt 27 1883

Undertaker, Fred A Reckner

Place of Business, 129 N Exeter *Address,* 5 Eutaw Pl

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69422 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown. Body discovered August 31st 1933

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days,*

Color, N

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Body found at Pier 1 Locust Point

Cause of Death, First (Primary), Accidentally Drowned (Supposed)

Second (Immediate). Sudden Death

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, ?

Date of Burial, ?

Undertaker ?

Place of Business,

Dr. Wm. Wright M. D.
Medical Attendant.

Address, Corner E & Ostend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69423 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 31 1883

Date of Death, Aug 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wiese

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Iron Roller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give street and Number.} 98 S Calhoun Ave

Cause of Death, First, (Primary,) Diabetes Mel.

Second, (Immediate,) Asthenia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loerro

Date of Burial, Aug 2

Undertaker, H Sander & Son

Place of Business, *Address,* 57 Arch Ave

E B Linton *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69724 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, A.M. 11 o'clock Thursday Aug 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Sealsman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ Years, 10 Months, 20 Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Philedalphia Penna

Duration of Residence in the City of Baltimore, 5 Month

Place of Death, {Give street and Number.} 24 O Donnell St

Cause of Death, First, (Primary,) Diarhear

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Aug 31st 1883 J. E. Prichard M. D., Medical Attendant.

Undertaker H. Sanders & Son

Place of Business, 352 Canton ave *Address,* 280 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69425 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Ebert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} 39 Lancaster St

Cause of Death, First (Primary),

Second (Immediate). Myelitis

Duration of Last Sickness, 2 mnths

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, September 2th 1883

Undertaker Leonhard Kurz

Place of Business, 277 S. Bond St. *Address,* 117 S Broadway

E. W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 69426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AUG 31 1883

CERTIFICATE OF DEATH.

Date of Death, August 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thresa A. Echart

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 114 N. Paca St.

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept. 3. monday

Undertaker, W. W. Neuse

Place of Business, 129 North Paca St

James Ninlaf M.D.,
Medical Attendant.

Address, No 14 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Permit No. 6942

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline B. Lyman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} North Carlina

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 77 Centre Stret

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) Cardiac Paralysis

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Govens Town

Date of Burial, Sept 1st 83

Undertaker, Wm J Eastern Wm

Place of Business, Park & Saratoga

Martin Bauer M.D.,
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69428 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 31 1883

CERTIFICATE OF DEATH.

Date of Death, August 31st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wiesemuer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 Y. 3 M. 24 D. *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Abt 33 Yrs

Place of Death, {Give street and Number.} 411 West Pratt St

Cause of Death, First (Primary). Ingrowing Toenail

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 1st 1883

Undertaker George Leeimbach

Place of Business, 389 West Pratt

Medical Attendant, [illegible] M. D.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6929 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertrian Morgan and Co

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 2 E. Baltimore St.

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial. Western Cemetery

Date of Burial. Sept. 1.

Undertaker, Walter Immel

Place of Business, 315 West Biddle. *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6730 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31 th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Neil

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 52 Walker St.

Cause of Death, First (Primary),

Second (Immediate). Consumption 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe

Date of Burial, Sept 1 1883

Undertaker D. McChase

Place of Business, 198 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69431 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fannie W. York

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Chase & Cyr

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) " "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 1st September

S. N. Hunter M. D.,
Medical Attendant.

Undertaker, A. Fink

Place of Business, 461 W. Gay St. Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69432 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Berl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 5 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto County

Duration of Residence in the City of Baltimore 4 Months

Place of Death, { Give street and Number. } Cor Canton & O Donnell Sts

Cause of Death, { First (Primary), Marasmus

Second (Immediate). One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Sept 4th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 269 Ellwood Ave.

E. J. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over]

No. 6973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 6973 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Snowden

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy-five *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and Number.} No. 62 Orchard St.

Cause of Death, First (Primary), Typho Malária

Second (Immediate), Prostration

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 2nd 1883.

Undertaker Wm. T. Gray

Place of Business 5 Mulberry

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69437 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Blackburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~7~~ *Years,* —— *Months,* 3 *Days,*

Color, White —

~~Married,~~ Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 411 W Fayette

Cause of Death, First (Primary), Premature birth

Second (Immediate), 4 4

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Friends Family

Date of Burial, Sept 1st 1883

Thos Opie M. D.

Medical Attendant.

Undertaker Wm Deaver

Place of Business, #202 E Eddy *Address,* 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6435 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 28

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Wm & B Johnson

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months,* 1 *Days,*

Color, C A

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } U S A

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 11 Pierce St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Lanes

Date of Burial, Sept 1

Undertaker W J Gordon

Place of Business,

Geo. N. Benson M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6/180

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6936 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie J Kemp

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* — *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Woodbury Md

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, { Give street and Number. } 53 Hanover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Sept 1st 1883

Undertaker John S. Mosher

Place of Business, No 150 Canden St

Wm H. Crim M. D.
Medical Attendant.

Address, 188 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6943 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Riker

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 2 3 *Years,* 2 mo *Months,* 14 *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. York.

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and Number.} No. 338 N. Eutaw St,

Cause of Death. First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sept. 1/83.

Undertaker JOSEPH B. COOK, Undertaker,

Place of Business, 707 W. BALTIMORE ST. BALTIMORE, MD.

C. T. Wiegand M. D.
Medical Attendant.

Address, 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6938 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie L. Sinclair

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} 792 W. Balto St.

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept. 1st 1883

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

W. R. McShea M. D.
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69437 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert St. John Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and Number.} N. Charles N. of Saratoga St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever.

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 1st

Undertaker, Thos S. Hughes.

Place of Business, 60 E. Balto St *Address,* 75 E. Balto St

I. W. Hanck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69040 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Campbell. P. Brent

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 3 Irvington St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 2nd

Undertaker H. C. Wiedefeld

Place of Business, 60 Greenmount Ave *Address,* 228 E Fayette St

H Rotan M. D.
Medical Attendant.

Wiedefeld

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69411 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 31st 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Hubbard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death. { Give street and Number. } Harris Alley N

Cause of Death { First (Primary), Diphtheria

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem.

Date of Burial, Sept 1st 1883

Undertaker H. Sander & Son E. Jordan M. D. Medical Attendant.

Place of Business, 252 Eastern Av. *Address,* 83 Eliot St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6944 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sora Krolich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 8 *Months.* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 66 S. Duncan Alley

Cause of Death. First (Primary), Cholera infantum

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Sept 1st 1883

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave. *Address,* 1 S. Broadway

Jno. S. Lizut M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69413 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 1883

Date of Death, August 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 28 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 237 Orleans St

Cause of Death, First, (Primary,) Congenital Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, ailing from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 1 1883

Undertaker, J. J. Locke

Place of Business, #178 Jefferson

D. M. Cattell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September, 1 th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate C. Wills

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 292 Eastern Ave

Cause of Death, First (Primary), ...

Second (Immediate). Marasmus

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 2nd 1883

Undertaker G. France

Place of Business, Bank & Wolfsille

Supt Shortzer M. D.
Medical Attendant.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th[illegible] Special Attention of Physicians to [illegible]

Board of Health, City of Baltimore,

Permit No. 69445 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 20-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 6 *Days,*

Color, white

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 430 Saratoga

Cause of Death, First, (Primary,) Marasmus —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept 2 1883

Undertaker, Cook Leland & Evans

Place of Business, Valley & Bryan

I, Irving Miller M. D., Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69446 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jackson Grainger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 03 *Years,* 11 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 232 Montgomery St

Cause of Death. First (Primary), —

Second (Immediate), Pseudo Membran(ous) Croup

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 1st 1883

Undertaker Armstrong & Denny

Place of Business, 263 Light St

Medical Attendant. M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 1883

Date of Death, August 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Davis

~~*Sex*~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——————

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 18 Horn Street

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Pentypsco Meck | J. J. Simms

Date of Burial, Sept 2 1883 | ..... *M. D.*
Medical Attendant.

Undertaker, William A. Dingee | No 242 B Way.

Place of Business, 62 East St | *Address,* Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69448 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Peters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days,*

~~*Color*~~,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City — ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 432 E. Monument St. near Broadway

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, ~~Sept 1st, 1883~~ Greenmount cem.

Date of Burial, Sept 1st 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

T. W. White, M. D.,
Medical Attendant.

Address, 847 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE CITY HEALTH DEPT. SEP 1883 REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 Aug 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Dank

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 238 S. Durham

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, ~~Sept.~~ 2 4 83

Undertaker, G. France

Place of Business, Bank & Wolfe

Address, 1 1/2 Dv Exeter

W. P. Dales M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69700 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15th September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wisniewsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} Lancaster str 83.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Sept 2d 83

Undertaker, G. Frazer

Place of Business, Bank & Wolfe

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe str 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69451 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Bayer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Dressmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Queen Anne Co Md

Duration of Residence in the City of Baltimore, 25 or 30 years

Place of Death, { Give street and Number. } 701 E. Halle St

Cause of Death, First (Primary). Scirrous of the oesophageal Entrance to the Stomach

Second (Immediate). Exhaustion

Duration of Last Sickness, 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 3

Undertaker H Ross

Place of Business, 95 Monroe St

Geo. F. Janney M. D.
Medical Attendant.

Address, 1417 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6945 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1883

CERTIFICATE OF DEATH.

Date of Death, August 31th

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Live thirne

Place of Death. {Give street and Number.} No 7 Peach Alley

Cause of Death. First (Primary), ...

Second (Immediate), Catar Feber

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtry

Date of Burial, September 2d

Undertaker Harford Roose

Place of Business, ...

Geo. W. Benson M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 07953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69753 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dugan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 11 *Years,* 9 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Cit.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 14 Gough st

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 2nd 1883

Undertaker James L Byrne

Place of Business, he 631 h Front St *Address,* 3 N. Bway

P. L. Dawson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69454 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L. Divet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 15 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Harmans Court

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asthenia.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mary's R.C. Cemetery

Date of Burial, Sept 2 1883

Undertaker Jos Hunsley

Place of Business, 116 Orchard St

W S Bond M. D.
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69455 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry H. Dumoore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Clerk Signs [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } [illegible]

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 3 the 1883

Undertaker C Bossung

Place of Business, 196 E Balt. St

E. F. Taylor M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69456 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday Sept 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mommey Morran

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimor City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Fayette St 1 door North of Allisan St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) do

Duration of Last Sickness, 5 day or about that

All the above Information should be furnished by the Physician.

Place of Burial St. Patrick's Cem

Date of Burial. Sept. 2, 1883

Undertaker, Henderson

Place of Business, 202 Caroline Av

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69467 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelmine Koehler

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation House work

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 176 S. Central Ave

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ev. Luth. Cemetery

Date of Burial, Sept. 2d. 1883

Undertaker Henry Tracy John C. Schuster

Place of Business, 265 Aisquith St. *Address,* 176 S. Central Ave

Jas. Forbes M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respe... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69458 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Phillis Moller

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, One *Year,* Seven *Months,* —— *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 107 Cathedral St

Cause of Death, First, (Primary,) Nasal Catarrh

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, Sept 1st 1883

Undertaker, W. H. Bishop

Place of Business, 97 Division *Address,* 267 Madison Ave

Elliot C Price M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69459 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calantha V. Pumphrey

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} Female

Age, 35 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married. ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 41 S. Schroeder St

Cause of Death. First (Primary), Operation for ovarian tumor by Dr A. H. Ende

Second (Immediate). Tuberculosis

Duration of Last Sickness, Not known to me. Saw her only a few days before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, September 2nd 1883

Jno. S. Lynch *M. D.*
Medical Attendant.

Undertaker Wm J. Dickson

Place of Business. 65 S. Eutaw st *Address,* 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 69460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69460 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 307 E. Balt. St.

Cause of Death, First (Primary), Colitis

Second (Immediate), Meningitis

Duration of Last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Sept 3rd 1883

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway

G. Glanville, Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69467 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeana Lauer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 358 E. Lombard St.

Cause of Death, First (Primary), Bilious Dysentery

Second (Immediate) Inflammation of the bowels

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th 1883

C. W. Mansfield M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69462 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franck Banushka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} # 223 S Bethel St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Three days

the above information should be furnished by the Physician.

Place of Burial, St Alexanders Cemetery

Date of Burial, Sep 2 1883 John H Kehberger M. D.

Medical Attendant.

Undertaker John Hannan

Place of Business, 382 Aisquith *Address,* 143 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64463 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and Number.} No 10 N. Castle St.

Cause of Death, First, (Primary,) Pleuritis

Second, (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen

Date of Burial, Sept 3rd 1883

Undertaker, Chas A White

Place of Business, 35 Grand st

J. H. McPherson M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69404 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Baroch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 214 Abbott-St

Cause of Death, First (Primary). Pseudo membranous Laryngitis

Second (Immediate). Exhaustion

Duration of Last Sickness, Case unk

the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 3 Sept

Undertaker Adam Funk

Place of Business, 461 W Pay St *Address,*

G. F. Lauber *M. D.*

Medical Attendant.

254 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 9465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Pister

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 m *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number} 474 E Eager St (No 474) East

Cause of Death First, (Primary,) acute Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, about five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 3rd 1883

Undertaker, Jas P Byrne

Place of Business, 637 Hanover

T. J. Simms, *M. D.*
Medical Attendant.

Office 242 N Broadway

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69466 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1st. September 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathy Whitmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} S. Sykes & N. 240.

Cause of Death, First, (Primary.) Morbilli

Second, (Immediate,) Hydrops Ascites

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Sept. 3rd 83

Undertaker, G. Evans

Place of Business, Evans & Wolff

William Henkel M. D., Medical Attendant.

Address, S. Wolf & N. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69469 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Miller

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} No 2 Church St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), 3 weeks

Duration of Last Sickness,

All the above information to be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 24 83

Undertaker G. France

Place of Business, Bank & Wolf *Address,* 50 Church St

E. Jr. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case shall come under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69468 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Haas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 1/4 *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 432 Canton Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), A Bowels

Duration of Last Sickness,

All the above information should be given only by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Sept. 3 83

Undertaker G. Frazier

Place of Business, Bauer & Wolff *Address,* 57 Elwood St

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11,767

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69469 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helling

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 219 Pierce St.

Cause of Death. First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 3rd/83

Undertaker Matthew Cadogan

Place of Business. 227 Mulberry St. *Address,* 306 N Eutaw St

C. W. Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69470 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday September 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 1 Year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 788 West Balto St.

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 23/83

Undertaker, JOSEPH E. COOK,

Place of Business, Undertaker 707 W. BALTIMORE ST.

[illegible] M. D.,

Medical Attendant.

Address, 701 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6941

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6941 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Miller

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Block St.

Cause of Death, First (Primary). Diptheria – diphtheritic croup.

Second (Immediate). Convulsion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 5th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 18. Broadway

Jno S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6947 20 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edw Stanley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2 N Bank

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Sept. 3rd 83

Undertaker G. Frank

Place of Business, Frank & Wolf *Address,* 2 L. Williams M. D. Medical Attendant.

C. Brady

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69473 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 n Light

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 3 rd 1883

Undertaker, Armstrong & Dem

Place of Business, 263 Light st

H W Webster, M. D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69474 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Dorsey

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Stock dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} City Hospital

Cause of Death. First (Primary),

Second (Immediate). Injuries sustained on R R

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md

Date of Burial, Sept 3

Undertaker Jas Mc Ennis

Place of Business,

F. F. Connolly M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69475 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace E Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Porter in Drug store

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Edward St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury County

Date of Burial, Sept 25 1883

Undertaker, Daniel J Dwyer.

Place of Business, 413 Chestnut St

D McCathren M. D.,
Medical Attendant.

Address, 2113 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible] and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Turner

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ — 22 *Months,* — *Days.*

Color, cd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, 1 Year 3 Months

Place of Death, {Give street and number} 105 Spring St

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 3 1883

Undertaker, William Monroe

Place of Business, No 62 East St

S. N. Martin M. D.
Medical Attendant.

Address, 133 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6977 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leona [illegible]

Sex, Male or Female, {Cross out the word not required, in this line.}

Age, 2 *Years,* 1 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 126 Hanover St

Cause of Death, First (Primary).

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, September 3

Undertaker B Hall

Place of Business, 82 West St. *Address,* 126 Hanover St

Frederic Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 624 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Lepreux

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~Scarlatina~~ 134 N. Edw

Cause of Death, First (Primary). Scarlatina

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, Sept 3 1883

Undertaker Wm H Hickman

Place of Business, W 234 N Gay *Address,* 2½ Broadway

J H Robertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6074 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September. 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Olivia Daubrich

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 346 E. Fayette St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 3 Sept. 1883

Undertaker, [illegible]

Place of Business, [illegible]

C. W. Thomas, M. D., Medical Attendant.

Address, 66 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69760 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 1 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dolan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, unk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and Number.} 16 E Fayette

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 3d

Undertaker H.C. Winfield

Place of Business, 90 Greenmount Ave

D. Stull M. D.,
Medical Attendant.

Address, 142 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69481 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

CITY DEPARTMENT SEP 3 1883 BALTIMORE, MD.

Date of Death, Sept 3th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Sherburne Thayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and Number.} 421 Saratoga St

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Infantum 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 3th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

R M Eastman M. D.,
Medical Attendant.

Address, 324 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials

No. 1 1 0 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69482 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma C. Enos

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 21 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 375 Mc. Henry St.

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sep 3/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 207 W. BALTIMORE ST. BALTIMORE, MD.

W. S. Titcomb M. D.
Medical Attendant.

Address, 616 N Balto. St.

Recorded

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 12 6945

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. F. Mann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 327 N. Eutaw St.

Cause of Death, First, (Primary.) Acute Phthisis,

Second, (Immediate.) Tuberculer Meningitis

Duration of Last Sickness, 4 hrs

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 4th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

H. H. Haught M.D.,

Medical Attendant.

Address, 9 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phy

7

Permit No 6407

The Physician who atten
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N

CE

Date of Death,

Full Name of Dece

Sex, Male or Fema

Age,

Color,

Married, Single, Wi

Occupation

Birthplace, { State or cou
long in the
if of foreign

Duration of Residen

Place of Death, { Give street and Number.

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lynch

Date of Burial, Sept 4

{ *Undertaker* Otis Bantell
Place of Business,

**Extract from Regulations of the Board of Health t
City**

SECTION 2. *And be it further enacted and ordained,* Tha
the Physician who attended during his or her last sickness,
forty-eight hours after the death, to the Undertaker or other
same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and
date of death, except in cases of births and deaths of illegitimate children. [OVER.]

no 1

Date of Death: Sept. 2: 1883

William H. Dorsey

male

age. 2 mos.

Colored

Birth place. Baltimore City.

Duration of Residence in B.C. Since Birth.

Place of Death. no 30 Hunter

Cause of death. Marasmus.

Duration of last Sick. Since Birth

Attending Physician

John. A. Lowman

238. E. Madison St

N. E. Dispensary.

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6[illegible]80 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Brenham Pl

Cause of Death, First (Primary). Teething

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 3d 1880

Undertaker W J Gordon

Place of Business, 63 Park Ave

[illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 69486

Board of Health, City of Baltimore,

Permit No. 69486 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Millard F. Day

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 3 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 227 N. Gilmor St.

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One year or more

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Sept 5th 1883

Undertaker, Evans & Mitchell

Place of Business, 500 W Fayette St } *Address,*

H. G. Lutheran M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 6947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6947 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Early

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 5 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 427 N Henry St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 4th 1883

Undertaker, D Emory Mitchell

Place of Business, 550 W Fayette St

John Neff M. D.,
Medical Attendant.

Address, 206 Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits

No. 6948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6948 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Pistle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Board of Baltimore St

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of the Brain

Duration of Last Sickness. about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th

Undertaker Geo Schilling

Place of Business, ... *Address,* 138 S. Broadway

Clifton T. Dwyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of [illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69789 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edw Raff

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days,* /

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 86 Parkin St

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Sept 4th 1883

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

C. Abbott Cotton M. D., Medical Attendant.

Address 343 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6478 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Barda

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, — 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 48 E Lombard

Cause of Death, First (Primary), ~~Asphyxia~~ Suffocated by gas

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sep 3rd

Undertaker Wendell Dyer

Place of Business, 151 S Bond

F G Conway M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67471 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 4 1883 BALTIMORE

Date of Death, September 3. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Stinzel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 12 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and No. or Number. } 109 N. Schroeder St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Sept 4 1883

Undertaker, John Dennis

Place of Business, 382 Orleans St. *Address,*

J. H. Hollingsworth M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, at the Office where issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6942 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Kovak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 123 N Chapel St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, Sep 5 1883

Undertaker, John Kenney

Place of Business, 382 N Orleans

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week No. 69493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69493 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 4 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dickover

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburg

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 255 Hanover St Balto.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, All Summer

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 3 d

Undertaker Henry Boile

Place of Business, Hanover St 81 *Address,*

L. C. Hone *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office wh... No. 69494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69494 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Field

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* 2 *Months,* 24 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Taunton Bristol County Mass

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} In 315 W. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ind Hebrew Cem

Date of Burial, Sept 6th 1883

Undertaker, Henderson Bros

Place of Business, Park & Saratoga

Pembroke W. Wauble M. D.,
Medical Attendant.

Address, In 315 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office whence issued, Saturday of each week

No. 6947931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6947931 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 69 Eutaw St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 1 wk Came On 1 wk

All the above Information should be furnished by the Physician.

Place of Burial, Bellcot City

Date of Burial, Septbr 4th 83

Undertaker H. Cenny Sanders & Son

Place of Business, 252 Canton Av *Address,* 53 East V

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the [illegible] No. 69496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69496 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Boringer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 2 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 453. Canton Ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 16 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Septr 4th 83

Undertaker H. C. Sanders Son

Place of Business, 352 Canton Av

Thomas R Evans M. D.
(2) (1) Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 6471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6971 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gehre

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 197 Burgundy Alley

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks.

the above information should be furnished by the Physician.

Place of Burial, Western Com.

Date of Burial, Sept. 4th 1883

Undertaker P. J. Dill

Place of Business, No. 188 Columbia *Address,* 170 S. Sharp St.

Wm Gorsuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all

Permits for Burials to the Office whence issued Saturday of each week. 69498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69498 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Inc. Bush

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, md.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 197 N Eden

Cause of Death, First, (Primary,) Cerebral Pneumonia

Second, (Immediate,) asthma

Duration of Last Sickness, lifetime

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 4 1883

Undertaker, Wm H Neckman

Place of Business, 234 N Gay St

D. Sheets M. D.,
Medical Attendant.

Address, 143 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all
Permits for Burials to the Office whence issued. No. 69799

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69799 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 / 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Wat—

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 25 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 131 Chestnut ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastric fever

Duration of Last Sickness, Two months & Half

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 4

Undertaker,

Place of Business, [redacted] Walter *Address,* [redacted] Ellen Ball Rd

H. Watson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

Permits for Burials, to the Office whence issued, Saturday of each week. No 6956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 10

Permit No. 69560

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 2 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Deary

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, *Years,* 11 *Months.* *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 157 Pierce St

Cause of Death. First (Primary),

Second (Immediate). Chol infan

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 2

Undertaker Lyons

Place of Business,

Geo. H. Benson M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Especial attention | **This Permit** [illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

2

Board of Health, City of Baltimore,

Permit No. 69601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep. 2nd/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanni P Simpson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* 9 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 108 S. Eden St

Cause of Death, {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Pulmonalis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem'y

Date of Burial, Sept 5/83

Undertaker J. H. McCoy

Place of Business, 22 W Fayette St

N. H. Knapp M.D.,
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69202 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

Date of Death, Sept. 3. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha May Leisper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4. *Years,* ... *Months,* ... *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland. (Frederick city.)

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and Number.} 461 Saratoga.

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1½ days

All the above information should be ~~furnished~~ by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 5

Undertaker, J B Cook

Place of Business, 907 East Balto

L. A. Wilson M. D.,
Medical Attendant.

Address, 3 Pl. R, Hagerstown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ... List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6953 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie May Brune

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 65 E. Baltimore St

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem

Date of Burial, Sept 5/83

Undertaker, J. B. Lu Coy

Place of Business, 277 N Fayette St

L. A. Thomas, M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 695724

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69057 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

Date of Death, Sept 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 90 S Wolfe

Cause of Death, First (Primary). Catarrh Fever

Second (Immediate). Hemoptisis

Duration of Last Sickness, Ten days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 4th 1883

Undertaker J. J. Locks

Place of Business, 13 Jefferson st

Saml E Smith M. D.
Medical Attendant.

Address, 1776 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69505 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hartlove

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Brick Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 120 S. Chapel Street

Cause of Death, First, (Primary,) Strangulated Hernia

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Cem

Date of Burial, Sept. 5th 83

James L. McShane M. D., Medical Attendant.

Undertaker, G. Frame

Place of Business, Frame & Wolfe *Address,* 417 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69606 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1883. 5 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 21 - *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 18 Days -

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 4th 1883

Undertaker, Chas Bartlett

Place of Business, 3 N Eutaw

Oscar J. Costin M. D., Medical Attendant

Address, 188 N. Calvert St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69507 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 4 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* 0 *Months,* [illegible] *Days,*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and Number.} 15 52 Gilmor Alley

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, 5 Weeks

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sep 4 1883

B. F. Hilton M. D.
Medical Attendant.

Undertaker Alex Kennedy

Place of Business, 116 Orchard St Address, Cor Fred & Hill Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69508 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen D. Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1615 S Broadway

Cause of Death, First (Primary), Cystus Ovarii

Second (Immediate),

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 5th 1883

Undertaker Henry McGinnis M. D.

Medical Attendant.

Place of Business, 1108 N Eutaw Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6950 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar E. Reed.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation Salesman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, Six (6) years.

Place of Death, {Give street and Number.} No. 396 Lexington St.

Cause of Death, First (Primary),

Second (Immediate). Pleuritis, with Typhoid symptoms.

Duration of Last Sickness, Five (5) days.

the above information should be furnished by the Physician.

Place of Burial, Bacco

Date of Burial, Sept 3

Undertaker [illegible]

Place of Business, [illegible]

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69518 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 5 *Months,* 11 *Days,*

Color,

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 52, Parkin St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Effusion

Duration of Last Sickness, ~~24~~ One hour

All the above Information should be furnished by the Physician.

Place of Burial, Harpers Ferry Va

Date of Burial, Sep 3' 83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c.

A. W. Colburn M. D.,
Medical Attendant.

Address, 34 2 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65911 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Tierneyman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } U. Jewish Hosp. of Balto Cor. Cary & Lombard sts.

Cause of Death, First, (Primary,) Malarial Fever.

Second, (Immediate,) Typhoid Fever.

Duration of Last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Sept 3rd 1883

Undertaker, Jas B Cook

Place of Business No 707 W Baltimore Street *Address,*

C. H Sachse M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66912 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace Luthmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, W[illegible]

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Single

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Canada Co. [illegible]

Duration of Residence in the City of Baltimore, Life years

Place of Death, { Give street and Number. } St Joseph's House of Industry Mar Cary & Fremont Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial Howard Co

Date of Burial, Sept 3rd

Undertaker, Jos B. Cook

Place of Business, 707 W Balto st

A. M. Gaston M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6755/3 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Lusby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* 4 5' *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and Number. } 54 E. Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Sept 5th 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bdwy.

E. P. Irons M. D.
Medical Attendant.

Address, S. W. cor. E. Balto. & Wolf St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69512 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. D. Bartholomew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 8 Days,

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 396 N Stricker

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 396 Stricker

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Congestion of brain

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, Aug 5th

Undertaker, N. Miller

Place of Business, 86 N. Paca St.

G H Norris M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69515 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N. Wm. Carroll & Lombard Sts

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 5th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette } Address

E. Wm. Carroll M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 69576 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1883

Date of Death, Sept 3rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Rickter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 640 W Pratt St

Cause of Death. First (Primary), Valvular disease of the Heart,

Second (Immediate).

Duration of Last Sickness, 2 Months,

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 5th 1883

Undertaker Feeny & Hutchins

Place of Business, 550 W Fayette St *Address,* 56 Stiles

J Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69577 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 4 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H Vitzgerald

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 126 Biddle St

Cause of Death. First (Primary). Eclampsia

Second (Immediate). 1 Day

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 5 1883

C H Coffman M. D.
Medical Attendant.

Undertaker John W Jackson

Place of Business, Gay & Decordinst *Address,* 57 Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 6978 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coddewey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} July Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Hall St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 17 days

The above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 5th 1883

Undertaker Wm H Rice

Place of Business, 858 W. Pratt St

Jos Lu Hohlberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or [illegible] when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6979 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Logue

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* Seven *Months,* ——— *Days,*

Color,

Married, Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 22 Fremont Street

Cause of Death, First (Primary), Congenital trouble

Second (Immediate). Congestion of the brain

Duration of Last Sickness, About a week

All the above Info mation should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Sept 5th 1883

Undertaker Peter Frey

Place of Business, 91 Eastern Ave.

Milton A. Taylor, M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69528 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

Date of Death, September 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Daniel Wolf.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* — 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 60 Stiles St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Convulsions

Duration of Last Sickness, One week.

the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Sep 5th 1883

Undertaker Peter Frey

Place of Business, 91 E Fayette St. *Address,* 106 N. Central Ave

H. A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6952 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Kean

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire Life.

Place of Death, {Give street and Number.} 256 N. Carolina St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Encephalitis Simple

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 5 1883

Wm J Hearn M. D.
Medical Attendant.

Undertaker Jas P Byrne

Place of Business, 63 Fayette *Address,* 246 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 69522 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Bridget McElroy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 45 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland about 25 years

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, {Give street and Number.} 179 E. Caroline St.

Cause of Death, First, (Primary,) Carcinoma of liver -

Second, (Immediate,) Supposed - Exhaustion - Had not seen in case for 3 months

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Sept 6 1883

Undertaker, Jas P Lyne

Place of Business, 60 Lyne

Chas Van Bibber M. D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 695-23

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Victor Oliver

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 9 *Months,* 29 = *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ Single

Occupation, ~~Child~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 91 Lauraik, St.

Cause of Death First, (Primary,) Congestion of the Lungs

Second, (Immediate,)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Elkton, Md

Date of Burial, Sept. 6/83

Undertaker, Mc Fadden & Son

Place of Business, Park & Saratoga

W. H. B. Sellman M. D.
Medical Attendant.

Address, 249 Carroll Ave

HEALTH DEPARTMENT SEP 6 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. PUGLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK STREET

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69524 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Croft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Year,* One (1) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 16 Abbott St

Cause of Death, First (Primary), Gastro Intestical Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, Ten (10) Days

The above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 5th 1883 D. W. Sloan M.D.

Medical Attendant.

Undertaker John Lacrois

Place of Business 382 Carlton Ave Address, Eager Carlton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69525 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Laura

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys St Balto Md

Duration of Residence in the City of Baltimore, 1 year & 2 months

Place of Death, {Give street and Number.} Green Willow Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Stamp St Cemetery

Date of Burial, Sep 5 83

Undertaker, A. J. Hemsley

Place of Business, 160 Orchard St

Jno. H. Brown M. D.,
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 60626 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Duffield

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First (Primary), ... Second (Immediate), ... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, Sept 5th 1883

Undertaker .....

Place of Business, ... *Address,* .....

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69527 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Machella

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 16 New Church st

Cause of Death, First, (Primary,) Cerebro Inflamation

Second, (Immediate,) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetary

Date of Burial, Sept 5th

Undertaker, Henry Bergman

Place of Business, 45 Clay St

D W Cathell M. D., Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69628 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Legg

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and Number. } 212 Montgomery St

Cause of Death, First, (Primary,) Fy Phoid Fever

Second, (Immediate,) General Debility

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Kent Co

Date of Burial, Sept 5th 1883

Undertaker, [illegible]

Place of Business, [illegible]

Dr Fisher of Kent & C. D. Noble M. D.,
Medical Attendant.

Address, 68 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69029 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene. M. C. Steadman

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and Number.} # 395 W. Lombard St

Cause of Death, First (Primary), Pneumonia

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Co Cemetery

Date of Burial, Sept 7

Undertaker F E Walker

Place of Business, 150 Camden St *Address,* 44 S Howard St

Geo H Rinsch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Section [illegible]

Board of Health, City of Baltimore,

Permit No. 69028 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Rosenblatt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. 48 N. High St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Jewish Cemetery

Date of Burial, September 5

Undertaker, Withers

Place of Business, 11 Wight St

J. Bateman M. D.,
Medical Attendant.

Address, 33 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 69031 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1903

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Harris

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, Two *Years,* 0 *Months,* 0 *Days,*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and Number.} No 18 E Pratt

Cause of Death, First (Primary), Unknown

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lane

Date of Burial, Sept 5

Undertaker C E Kaufin

Place of Business, 13 F Barnum M. D.
Medical Attendant.

Address, cor Bath & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 69032 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hardman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Washington Ave

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Sept 5

Undertaker H Hunter

Place of Business, ...

Geo. H. Dunn M. D.
Medical Attendant.

Address, 201 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 69733 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bowers

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 9 Canton St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) " "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, Sept 5th 1883

Undertaker, Denis and Mitchell

Place of Business, 65 S Broadway *Address,*

I. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 68534 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP BALTIMORE

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia Klassen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, Years,

Place of Death, {Give street and Number.} 312 Alice Anna St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Autumn

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Sept 6th 83

Undertaker, Henry Sander & Son

Place of Business, 552 Canton Ave *Address,* 1 E Baltimore

L. B. Rich M. D.,
Medical Attendant.
1 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 69535 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. September 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* 2 *Months,* 23. *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and Number. } S. Amstrdt 266.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Malaria Typhosa 14 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Septbr 5th 1883

Undertaker, Henry Sander & Son

Place of Business, 252 Canton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 6955 36 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Marbanger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 154 N Eutaw St

Cause of death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 6

Undertaker, E N Blizzard

Place of Business, 198 Penn

Caleb Winslow M. D.,
Medical Attendant.

Address, 20 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... [illegible] ... Remarks ... Diseases ...

Board of Health, City of Baltimore,

Permit No. 69537 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9.4.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Monel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ... *Months,* ... *Days,*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Screw-man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and Number.} 297 S Eutaw

Cause of Death, First, (Primary,) Typho-Malarial

Second, (Immediate,) fever

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Calvert county Md

Date of Burial, September 6.

Undertaker, Hercules Ross

Place of Business, 95 Conway St

H H Graham M. D., Medical Attendant.

Address, 147 Fremont.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6956 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty-seven *Years,* *~~Months,~~* *~~Days,~~*

Color, Mulatto

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Thirty-seven Years

Place of Death, {Give street and Number.} No. 19 New St.

Cause of Death, First (Primary), Carcinoma

Second (Immediate), Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 5 1883

Undertaker J. H. Chase

Place of Business 198 Shroeder St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69589 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Tucker

Sex, ~~Male~~, *Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll Co. Md

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, { Give street and Number. } No. 2 McCulloch alley

Cause of Death, First, (Primary,) Phthisis pulm. catarrh.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year (about)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 5th 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard *Address,* 244 Madison av.

Edw. P. Coulson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifica

Board of Health, City of Baltimore.

Permit No 6960 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dennie

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty-eight *Years,* *Months,* *Days.*

Color, Brown

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} No. 15 Gale St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Five months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5 - 1882

Undertaker W. W. Madden

Place of Business, 46 East St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69671 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Dennine

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ~~*Years,*~~ Nine *Months,* ~~*Days.*~~

Color, Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 77 Arch St.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} No. 13 Hale St.

Cause of Death, First (Primary). Cholera Infantum

Second (Immediate).

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5th 1883 F. B. Gardner M. D.

Medical Attendant.

Undertaker Wm. R. Madden

Place of Business, 46 Eark St. *Address,* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 6934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69742 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Nicklas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Va

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and Number.} 141 Camden St

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 48 hours

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 6th 1883

Undertaker Wm. S. Mackie

Place of Business, No 150 Cand Ave *Address,* 74 S Paca St

I H Hanney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69543 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel McCoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 395 Lanvale St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 3 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial Sept 6th 1883

Undertaker, John. S. Mackie

Place of Business, No 150 Camden St

D. Harvey Hill M. D., Medical Attendant

Address, Calhoun & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6[illegible]74 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th " September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Peters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 9 *Months,* [illegible] *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 687 N. Gardner St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 6 1883

Undertaker, John W Jackson

Place of Business, Cor N. Gardner

C. H. Thomas *M. D.,* Medical Attendant,

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69345

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69625 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept the 3th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Hanson

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life Time

Place of Death, {Give street and Number.} No 3 Shutters Court

Cause of Death, First (Primary), Nomonia

Second (Immediate),

Duration of Last Sickness, Sickly 1 Season

the above information should be furnished by the Physician.

Place of Burial, Laurel Cast

Date of Burial, Sept the 5th

Undertaker Mr Dawson

Place of Business, East st

Geo. W. Dawson M. D.

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69546 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Winterling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Mo.

Place of Death, {Give street and Number.} 68 N. Washington St.

Cause of Death, First (Primary). Enteritis

Second (Immediate).

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, 5 Sept

Undertaker W Deppel

Place of Business, 15 [illegible] & Bond st *dress,*

J. McPherson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 September 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob H. Thomas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 64 *Years,* 4 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cabinet Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Born + birth

Place of Death, { Give street and number } 173 E. Madison St

Cause of Death, First, (Primary.) General Debility

Second, (Immediate,)

Duration of last Sickness, 15 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7th

Jos H. Thomas M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHELLEY & CO., CITY PRINTERS AND STATIONERS.

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69548 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED AUG 27 1883 BALTIMORE

Date of Death, aug 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Hewitt Sadler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 93 *Years,* ——— *Months,* ——— *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation retired

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and Number. } 334 Lombard St

Cause of Death, { First (Primary), old age

Second (Immediate), General Debility

Duration of Last Sickness, 3 mons

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, aug 27/83

Undertaker Wm Bluefyard

Place of Business,

Jas. F. H. Gorsuch M. D.
Medical Attendant.

Address, Forks P.O. Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those Printed on Back of this ...

Board of Health, City of Baltimore,

Permit No. 6949 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Garrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* some *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 392 Raborg st

Cause of Death, First, (Primary,) (I didn't see the case till after death) Heart

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, about Two Weeks (the say)

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Sept 5 1883

Undertaker, William N Dunger

Place of Business, No 62 East st

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm H. Giles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 34 Years, — Months, — Days.

Color, White

Sex, Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} # 125 W. Biddle St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, September 6th 1883

{*Undertaker,* Chas T Scriven

{*Place of Business,* 271 N Eutaw St

C. H. Harlan M. D.

Medical Attendant.

Address 44 Fourth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible], and the place and date of death, except in cases of births and deaths of illegitimate children.

No. 6935

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69537 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1883

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Henderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gallo City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 49 Jefferson st

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 8 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sep 5

Undertaker J J Locker

Place of Business, 73 Jefferson st

Thomas B Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore.

Permit No 69332 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 88.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jones.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 12 Yr.

Place of Death. {Give street and Number.} 638 S. Charles St.

Cause of Death. First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, September 6

Undertaker B. Theel

Place of Business, 86 West St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64553 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th, 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an infant not named, give names of parents.} Anna Mary Catherine Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Randall St

Cause of Death, First (Primary),

Second (Immediate). Meningitis

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 1st

Undertaker B. Hall

Place of Business, 82 West

Robert S. Rowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6756 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Seaton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Reisterstown Md.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and Number.} 1118 Dallas St.

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 6 1883

Undertaker, Chas Hensley

Place of Business,

Geo H Smith M. D., Medical Attendant.

Address, 281 E Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69555

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Dobbin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 146 N. Biddle st

Cause of Death, First, (Primary.) Chronic Meningitis

Second, (Immediate.)

Duration of Last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, September 7th 1883

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St *Address,* 201 Mad. Ave

D. L. Williams M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No 69506 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wm Neumeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Retired Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} 208 Argyle av

Cause of death, First, (Primary,) apoplexy

Second, (Immediate,)

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 8th 1883

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

Coulb Nuland M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 69557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Durden

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Dring Life

Place of Death, {Give street and number.} 365 Lexington

Cause of Death, First, (Primary.) Rheu Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about 10 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 6 1883

J. M. Kemp M.D.,
Medical Attendant.

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St *Address,* 143 N Chas.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Directed to Rules on Back of this ...

Board of Health, City of Baltimore,

Permit No. 69058 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 BALTIMORE

Date of Death, September 3 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolly Kuntzman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 Lexington St

Cause of death, First, (Primary,) Typhus Abdominalis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 6.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

A. Aronsohn M. D.,
Medical Attendant.

Address, 274 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 6956 9 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Feb 4th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Senator

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death First (Primary) Chronic Malarial Cachexia

Second (Immediate) Collapse Diarrhoea

Duration of Last Sickness, Same day of decease

The above information should be furnished by the Physician.

Place of Burial, Philadelphia Road

Date of Burial, Feb 5

Undertaker Noble Stevens

Place of Business 31 N High St

F. C. Blum M.D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69760 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 8 Port St

Cause of Death, First (Primary), Rubeola

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Sept 6th 83

Undertaker G. Frazier

Place of Business, Pants & Wolfe

E. J. Williams M. D.
Medical Attendant

Address, 72 E. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 9961 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB C 1883

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jaroslav Sedlaček

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four (4) *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 5 Worchester Alley South

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Asthenia

Duration of Last Sickness, Four Days

the above information should be furnished by the Physician.

Place of Burial, Ft. Alexander County

Date of Burial. 6th Sept

E. W. Abbott M. D.

Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 W Gay St *Address,* Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

3 Board of Health, City of Baltimore,

Permit No. 6905 62

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mauntz Pauline

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, {Give street and number} 74 S. Ann St.

Cause of Death, First, (Primary,) Colic of unknown

Second, (Immediate,) Cachexia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Sept 6th 1883

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

E W Eilau M. D.
Medical Attendant.

Address, 80 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a ... setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69563 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1883

CERTIFICATE OF DEATH.

Date of Death, September 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parthenia Levering

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 13 *Years,* ..... *Months,* 22 *Days,*

~~*Color,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 228 E. Fayette St.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Paralysis

Duration of Last Sickness, Two weeks 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Sept 6

Undertaker, Geo Schultz

Place of Business,

W. H. White M. D.,
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to ... Marks Below, and to ... Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 6906 *Office of Registrar of Vital Statistics.* Ward 16E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 83

Full Name of Deceased. { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 6 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } 89 Eutaw St

Cause of Death { First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial Sarah Cemetery

Date of Burial, Sept 6 1883

Undertaker Wm. Ross

Place of Business, 95 Lombard St

T. O. Brose M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention o[illegible] to Rule of Disease on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 69665 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tamar King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick.

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and Number.} 22 Boyd St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) D. of Grief

Duration of Last Sickness, nearly two Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 6 1883

Undertaker, E McChase

Place of Business, 198 Pennsylvania Ave

Jno Hood M. D.,
Medical Attendant.

Address, 392 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Chaplain

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Month,* ——— *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} No. 1 Ivy Alley.

Cause of Death, First (Primary), Endocarditis following rheumatism

Second (Immediate),

Duration of Last Sickness, About two months

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 6th 1883

Undertaker J. J. Locke

Place of Business, #73 Jefferson St.

Christopher Johnston Jr. M. D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 6967 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 9 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Trockenbrot.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Butterdealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 50 President St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept 9th 1883

Wm Gonbel M. D.
Medical Attendant.

Undertaker Peter Frey

Place of Business, 91 Eastern Ave *Address,* 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 695-68 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte C. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 0 *Days,*

Color, Light Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and Number.} No 39 Moores ct B

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6 1883

Undertaker Hof Hemsley

Place of Business, 116 Orchard St

B. H. Brohm M. D.
Medical Attendant.

Address, 201 Dolphin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69669 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 6 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Maria Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Eastern Shore Maryland

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, { Give street and Number. } 236 North Edwards Street

Cause of Death, First (Primary), Hemorrhage of the stomach

Second (Immediate), Congestion of the brain

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 6th 1883

Undertaker Henry W. Mears

Place of Business, 45 N Gay St *Address,* [illegible]

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Permit No. 69670

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OF BALTIMORE

Date of Death, September 5 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Rebecca Reckard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Penny Town, Kent Co

Duration of Residence in the City of Baltimore, 65 yrs

Place of Death, { Give street and number. } 548 W. Lombard

Cause of Death, First, (Primary.) Consumption of bowels

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 wks 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Sept 6th 1883

Undertaker, Jos B Cook

Place of Business, No 70 N Baltimore street

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules on the reverse side, and to List of Diseases on back of this

6

Board of Health, City of Baltimore,

Permit No. 6967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 3 1883

BALTIMORE

Date of Death, September 4th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Lonnie

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number} Blair avenue, nr Boundary Av

Cause of Death {First, (Primary,) Dentition & Teeth Malformed

{Second, (Immediate,) Collapsed

Duration of last Sickness, One Day

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 6th

{*Undertaker,* H Hisgen

{*Place of Business,*

L Russell Muntenck M. D.

Medical Attendant.

Address, Blair avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 69572

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 69572. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 = 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida. Cedars.

Sex, Male or Female. {Cross out the word not required in this line.} .....

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # N. Williamson st

Cause of Death, First (Primary), Chs. Infantum

Second (Immediate), ...

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 7=1883

Undertaker H. Ross.

Place of Business, ...

Geo. R. Pound M. D.
Medical Attendant.

Address, 211 of Sheet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 69678 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 6 1883
BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Sayders

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 Years, 0 Months, 5 Days,

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation House-Maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 4 Maryland Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Five weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyd Remeley

Date of Burial, Sept. 6th 1883

Undertaker H. J. Gordan

Place of Business, 65 Park Ave

B. L. Titcomb M. D.
Medical Attendant.

Address, 616 N. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 69577 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP C 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Charles E. Coffin.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nantucket Mass.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and Number.} 97 S. Ann St.

Cause of Death, First (Primary),

Second (Immediate). Encephalitis.

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Sept. 7, 1883

Undertaker M. A. Dauer

Place of Business, 74 S Bway

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 69570 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 6 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Sept 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kussmaul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 30 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Foreman for Evans Day & Co

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} at Evans Day & Co's Packing House Cor of Boston & Patterson Ave

Cause of Death, First, (Primary,) Neuralgia of the Brain

Second, (Immediate,) Congestion of the Brain 13 31 T8

Duration of Last Sickness, About Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial. Sept. 9 1883

Undertaker, H. A. Dayer

Place of Business, 764 S Bway

J. E. Prichard M. D., Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 6976 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1883

CERTIFICATE OF DEATH.

Date of Death, September 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Jane Wells

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ten *Years,* *Months,* Nine *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 85 South Eden Street

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept. 6. 1883

Undertaker H. A. Dayer

Place of Business, 745 Bay

Wm. H. Claudeius, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 69877

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 8 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sep: 6th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Mary infant Sinclair

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 12 hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 118 Lanvale St W

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 118 Lanvale St W

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 6th

Undertaker, Chas J Levin

Place of Business, 27 Eutaw St

R. H. Smith M. D.,
Medical Attendant.

Address, 128 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No 69

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 690-78 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 September 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Meta Appel

Sex, Male or Female. {Cross out the word not required in this line.} female

Age, 41 *Years,* ? *Months,* ? *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen - 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death. {Give street and Number.} 142 N Eutaw Street

Cause of Death, First (Primary), General debility

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 7 September

Undertaker Trift. Bastell

Place of Business, 3 N Frederick St

L F Reinhard M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69579 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 14 S. Chapel St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept 6th 1883

Undertaker, John G. Rice

Place of Business, 858 W. Pratt St. *Address,*

J. H. Collenberg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 6958 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Roediger

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 weeks

Place of Death, {Give street and Number.} 84 Grindall St.

Cause of Death, First (Primary), Placenta praevia

Second (Immediate), Shock

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 4

Undertaker B. Hurst

Place of Business, 62 West 17

Wm Gambrill M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6958 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } infant of Bridget & John Lizdec

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 hr *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 620 1/2 Lytle St

Cause of Death, First (Primary), ...

Second (Immediate). Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 6

Undertaker B Hall

Place of Business, ...

Chas. T. Tamson M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last · .kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 69682 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Kleyser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 45 *Months,* ..... *Days,*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, One day

Place of Death, { Give street and Number. } City Hospital

Cause of Death. First (Primary), Chronic Malaria

Second (Immediate), Congestion of Lungs ~~Exhaustion~~

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, E D

Date of Burial, Sept 4

Undertaker C Reichard

Place of Business .....

H. Rolclark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

No. 1

Board of Health, City of Baltimore,

Permit No. 6 9 5 8 3 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Monfort

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Stonemason

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Injuries received in an affray by stones

Second (Immediate), Meningitis

Duration of Last Sickness, 22 days

the above information should be furnished by the Physician.

Place of Burial Oakland B Co

Date of Burial Sept 3d 1883

Undertaker John I Thacker

Place of Business, No 150 Camden *Address,*

Alexander Irving M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 69587 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 6 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Louise Hooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Little Sisters of the Poor. Cor. Biddle and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 7

Undertaker, Henry Scheltéis

Place of Business,

Jn. Brooke Boyd M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 69775 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Druckeck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three 3 *Years,* Six 6 *Months,* - - - - *Days,* /

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} - - - - /

Occupation - - - - -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 39 Barre St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Sept [illegible] 1883

Undertaker John [illegible] J. W. Slown M.D.

Place of Business, [illegible] Orleans *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69586 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1883

CERTIFICATE OF DEATH.

Date of Death, Septm. 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Prevost

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ... *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, { Give street and Number. } 114 S Monroe

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 7th

Undertaker, Chas Sexton

Place of Business, 271 Eutaw St

J. H. Chrisman M. D., Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6957 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
SEP 6
1883

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul W Linker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 1180 Central Ave

Cause of Death, First, (Primary,) Mentaux Stomatitis

Second, (Immediate,) Asthenia, &c.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 7

Undertaker, C H Blizzard

Place of Business, 199 Pen Ave

D M Cathell M. D.,
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69588 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Malatesta

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 61 Prospect pl

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents C.

Date of Burial, Sept 7th

Undertaker, H Seppel

Place of Business, 3 Broadway

[illegible] M. D.,
Medical Attendant.

Address, 2[illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore.

Permit No. 69689 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Holliday

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 172 Asquith

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 7 83 W. C. Bond M. D.

Undertaker (Hawkins) Medical Attendant.

Place of Business, 217 Hamburg *Address,* 210 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, & [illegible] coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69090 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Riley

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, — *Years,* 3 *Months,* 7 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 151 Eutaw St.

Cause of Death, First, (Primary,) Hydrocephalus (Congenital)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Sept 8th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

H. T. Kemold M. D.,
Medical Attendant.

Address, 186 Arisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6907 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Five *Years,* Three *Months,* Twenty Eight *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 56 North Dallas Street

Cause of Death, First (Primary), Consumption

Second (Immediate), Four Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial Ground PR

Date of Burial, Sept 9. 1883

Undertaker John W Jones

Place of Business, Gay & Hardesty

Wm H. Chadwick, M. D.
Medical Attendant.

Address, No 102 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 69592 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Eichenauer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, { Give street and Number. } No 4 Johnson Ln.

Cause of Death, First, (Primary,) Dropsy.

Second, (Immediate,) Senility

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry.

Date of Burial, September 7

Undertaker, Bernhard Klatt. } Levi Smith M. D.,

Place of Business, 82 West 14 } *Address,* 281 S. Charles St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6 9663 *Office of Registrar of Vital Statistics.* Ward 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Bacon

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* — *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, three years

Place of Death, { Give street and Number. } 9 Fallsroad

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, about Eight years

All the above information should be furnished by the Physician.

Place of Burial, Hampden Balto Co

Date of Burial, Sept 8 Fr 1883

Undertaker, Chas Seriven

Place of Business, 271 Eutaw St *Address,* 259 Maryland Ave

H. G. Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 69594 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixteen

Place of Death, {Give street and Number.} 544 W. Baltimore St

Cause of Death, First, (Primary,) Malarial Fever of the

Second, (Immediate,) most malignant type.

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 8th 1883

Undertaker, H. Livis Schaefer

Place of Business, 109 N. Fremont

W. F. Phillips M. D.,
Medical Attendant.

Address, Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6905 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Bertha Phoebus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nineteen *Years,* Six *Months,* Twenty Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 194 North Bethel Street

Cause of Death, First (Primary),

Second (Immediate) Peritonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7 1883

Undertaker Wm H Hickman

Place of Business, 234 N Gay St

Wm H Claudius M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 69596 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately f*
to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. H. Cavino.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 23 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto. City. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 167 Columbia St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion.

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 7th 1883

Undertaker Wm J Tichenor

Place of Business, 65 S. Eutaw St *Address* 203 N. Dulbord,

A. G. Watts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6905 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwd. Fred. Lux

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 60 *Years,* 6 *Months,* 6 *Days,*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. } Dewd

Occupation, Store Keeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 4 Ridgely St

Cause of Death, First, (Primary,) Mitral disease of heart

Second, (Immediate,) Abscess

Duration of Last Sickness, a few days. (4)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 9th 1883

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

H. H. Kemp M. D.,
Medical Attendant.

Address, 55 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases c...

Board of Health, City of Baltimore,

Permit No. 69598 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th September 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Linden Krutz

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 0 *Years,* 0 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Frederick Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 21 Frederick Ave Baltimore

Cause of Death, First, (Primary,) Insanus

Second, (Immediate,) Tetanus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Sept 9th 1883

Undertaker, C F Race

Place of Business, 62½ W Balt St

Dr W Feldman M. D.,
Medical Attendant.

Address, 120 Pearl St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 6959

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6t 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Hy Carter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 7 *Months,* 2 *Days,*

Color, Dark brn

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} No 12 Little Sharp st

Cause of Death, First (Primary), Unknown

Second (Immediate). Spinal Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, 8 Sept 7 1883

Undertaker William Wenger

Place of Business, No 62 East st

T. F. Fisher M. D.
Medical Attendant.

Address, Cor Pratt & Ky

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phys... ...

Board of Health, City of Baltimore,

Permit No. 69600 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 5 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Crow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 3 Montrose St

Cause of death, First, (Primary,) Pernicious Intermittent Fever

Second, (Immediate,) ~~Sthi~~

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Sept 7

Undertaker B Blackistone

Place of Business,

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 69601 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 7 1883

Date of Death. September 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Johnson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~ *Widow or* ~~Single~~ { Cross out the word not required in this line. }

Occupation Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death. { Give street and Number. } 308 E. Baltimore Street

Cause of Death. { First (Primary). 2 Phthisis Pulmonalis (Supposed)
Second (Immediate). 3

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 8-1883

Undertaker Wm. W Madden

Place of Business, 446 Each

Chas M. Morfit M.D.
Coroner E D ~~Medical Attendant~~

Address, 62 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 69602 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Harry J. Worster~~ Sept. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry J. Worster -

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 8 - *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Eagle & Washington Sts

Cause of Death, First, (Primary,) Epilepsy -

Second, (Immediate,) Congestion of Brain -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial. Sept. 8th 83

Undertaker, G. Frank

Place of Business, Paul & Mary

Thos Van Baker M. D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 69608 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4 oclock A M Sept 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katey Hultzman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 24 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 36 Hair St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) do do

Duration of Last Sickness, two days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sept 7th 83

Undertaker, G. Kramer

Place of Business, Bonds & Wolfe

J. E. Prichard M. D., Medical Attendant.

Address 240 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 69604 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Mary Waldhausen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death {Give street and Number.} 48 N. Durham St.

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, Ten weeks

All the above Information should be Furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 8th 83

Undertaker G. Frank

Place of Business, Paul & Wolfe *Address,* 375 E. Balto. St.

E. F. Sons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore.

Permit No. 69606 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 7 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Essex

Cause of Death, First (Primary), Dysentery

Second (Immediate), Cachexia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Asbury

Date of Burial, Sept 7th 83

Undertaker G. Frana

Place of Business, Davis & Wolfe *Address,* 44 So. Broadway

J. L. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

69606

Board of Health, City of Baltimore.

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 6, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eagan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5-8 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} University Infirmary Green & Lombard

Cause of Death, First (Primary), ...

Second (Immediate), Fracture of Skull.

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Mass (Cathedral)

Date of Burial, September 7th

Undertaker, Wallace & Hogan

Place of Business, 227 Aisquith

Alexander Tinsley M. D.

~~Medical Examiner~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 7 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lawrence Kimble

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, House work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 28 yrs.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 46 Chestnut St

Cause of Death {First, (Primary,) Chronic Gastritis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, Sept 8th 1883

Undertaker, H Schultheis

Place of Business, 261 E. Monument

J H Branham M. D.
Medical Attendant.

Address, 347 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] PRINTERS AND STATIONERS.

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 6968 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled, out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos M. Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, — *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 31 S. Poppleton

Cause of Death, First (Primary), An injury: The Mother having fallen a few weeks

Second (Immediate), before her confinement

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 8

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore

Edw. J. Nicholas M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69609 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Babette Elmbrook

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Calvert Road

Cause of Death, First (Primary), Convulsions

Second (Immediate). .....

Duration of Last Sickness, 12 hours

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 8 James Boehm M. D.

Medical Attendant.

Undertaker John P. Paules

Place of Business #66 Fred'k St. *Address,* 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6761 8. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 115 E. Chas St Carolina

Cause of death, First, (Primary.) (see other side)

Second, (Immediate,) .....

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 8 1883

Undertaker, Chas Cook

Place of Business, 39 N. Eutaw St

H. Hamer M. D.,
Medical Attendant.

Address, 216 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 6961 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Mills

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 221 Madison St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Asthma, Haemorrhage

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Sept 9th 1883

Undertaker Wm Eilau

Place of Business, 101 Gough St

A R Alcock M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 69612 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9.6.83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give street and Number.} 105 Penn

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, ~~Several~~ 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 8. 83

Undertaker, Sep Hamelberg

Place of Business,

[illegible] M. D.

Medical Attendant.

Address, 319 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 6963 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Woodsawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 27 Short st

Cause of Death, First (Primary), Cirrhosis of liver

Second (Immediate), Dropsy exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury cemetery

Date of Burial, Sept 7th 1883

Undertaker Wm A Bangel

Place of Business, 62 East, st

E. C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases c[illegible]

Board of Health, City of Baltimore,

Permit No. 69614 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jeanne d'Green

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Scientist, Professor of Entomology

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rio Janeiro Brazil

Duration of Residence in the City of Baltimore, 2 years; formerly of Washington D.C.

Place of Death, { Give street and Number. } No 57 West Townsend St

Cause of Death, First, (Primary,) Apoplexy of Brain

Second, (Immediate,) Uremia & Asthenia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 9th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Wm H Giffen author M. D.,
Medical Attendant.

Address, 201 South High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

13

Board of Health, City of Baltimore,

Permit No. 6860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William McNiece

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington DC

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number. } 71 Collins St

Cause of Death, { First, (Primary.) Phthisis

Second, (Immediate.) "

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 8th/83

Undertaker, Mr. Cashman

Place of Business, 227 Mulberry St. *Address,* 119 N Charles St

A. Atkinson M.D.,
"
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday September 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cruddyn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 26 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Argyle Avenue

Cause of death, First, (Primary,) X

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, September 9th

Undertaker, Chas Scriven

Place of Business, 271 Eutaw St

Dennis Flynn *M. D.,*
Medical Attendant.

Address, 561 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 69617 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Corkry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ire

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Hillman St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 9th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave.

Geo. E. Reynolds M. D.
Medical Attendant.

Address, 171 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 6968 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 S 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9.7.83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sophia Deems

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 51 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, {Give street and Number.} 121 E. Green St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Sept 9th 1883

Undertaker, John S. Mackey

Place of Business, 1130 Hanover

H. M. Eastman *M. D.,* Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 69629 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Kodwiski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 97 Thames St.

Cause of Death, First (Primary), Pneumonia (Acute).

Second (Immediate),

Duration of Last Sickness, Three days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Co

Date of Burial, Sept 8

Undertaker [illegible]

Place of Business,

John L Kellberger M. D.
Medical Attendant.

Address, 143 Alice Arnold

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 69620

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Peters

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 169 N. Caroline St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 9 1883

Undertaker, John W Jackson

Place of Business, Bay & Aisquith Sts

L. A. Thomas M. D.,

Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6962 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dobson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 0 *Months,* 0 *Days.*

Color, Light Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll County Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} 52 21 Hamilton Ave

Cause of Death, First (Primary), Unknown

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th 1883

B F Power M. D.
Medical Attendant.

Undertaker Edward Mason

Place of Business, 12 Hamilton Ave *Address,* Cor Druid Hill & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

#69622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not named - died at 20 minutes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} infant of Julia & John Gleason

Age, — *Years,* 0 *Months,* 1 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 78 St Mary's St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 78 St Marys St

Cause of Death, First (Primary,) Non-viable - 5 months utero-gestation

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Yard

Date of Burial, Sept 6

Undertaker, John Gleason

Place of Business.

Sick Morrison M. D.
Medical Attendant.

Address 209 Aliceddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69623 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Steigerberg

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 1/2 years

Place of Death, { Give street and Number. } # 223 S. Bond St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, St. Evangelical Cem.

Date of Burial, Sept 9. 1883

Undertaker H. Saunders & Son

Place of Business, 252 Canton ave *Address,* 223 Bond St

John H Kehler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 69624 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie F. Lee

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 18 *Years,* 9 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 99 Front Ave

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 9th 1883

Undertaker, Armstrong & Sons

Place of Business, 263 Light

J. C. Burch M. D.,
Medical Attendant.

Address, 151 Hanover St

SEP 8 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 69625 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 69 Russell

Cause of Death, First (Primary). .....

Second (Immediate). Water on Brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 9

Undertaker H Kuhn

Place of Business, ...

Geo. H. Benson M. D.
Medical Attendant.

Address, Dr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 69626 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Monaghan

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 914 S Fountain

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness .....

All the above information should be furnished by the Physician.

Place of Burial, Ft Dundas

Date of Burial, Sept 8

Undertaker Byc Emmert

Place of Business, ...

Geo. W. Benson M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 69627 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Senger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} -

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and Number.} 862 Pratt St

Cause of Death, First (Primary),

Second (Immediate). Diarrhoea, Vomiting.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, September 9

Wm P Chum M. D.
Medical Attendant.

Undertaker John P Poulson

Place of Business, #66 Fredk St *Address,* University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 69628 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ed Barman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1* *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Briscoe Ct

Cause of Death, First (Primary),

Second (Immediate) Dentition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Sept 10

Undertaker B't Hare

Place of Business

Geo. W. Dennis M. D.

~~Medical Attendant.~~

Address 9 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69629 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Severin Ewald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany (32 yrs in America)

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Sept 10, 1883

Undertaker, Henry Flach

Place of Business, 309 Central Ave

Oscar J. Mackey M. D., Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 69630 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1883 BALTIMORE

Date of Death, Sept 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Levi

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months.* 2 *Weeks* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} No 63 Bank St.

Cause of Death, First (Primary), ...

Second (Immediate). Spasms

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem Phila. Road

Date of Burial, Sept 9th

Undertaker Levi Herzog

Place of Business, 45 N. High

M. J. Gatchell, M. D.
Medical Attendant.

Address, 319 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 69631 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 9 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 3 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 417 W. Saratoga

Cause of Death, First, (Primary,) Obstruction of Bowels (Intussusception)

Second, (Immediate,) asthenia

Duration of Last Sickness, 24 hrs.

All the above Information should be furnished by the Physician.

Place of Burial, Old Southwest Cem

Date of Burial, Sept 10

Undertaker, J B Cook

Place of Business, 707 W Balto

H. Sheets M. D.,
Medical Attendant.

Address, 142 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 6/632 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H Turpin

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, N C

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 5

Place of Death, { Give street and Number. } 232 Hamburg

Cause of Death, First (Primary). Quantity

Second (Immediate). .....

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9 83

Undertaker E. U. Perkins

Place of Business, 217 Hamburg

W. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 69633 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Butler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days,*

Color, Mulatto,

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} No. 34 Jacksonville St.

Cause of Death, First (Primary), Fibroid Tumors.

Second (Immediate). Dropsy

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Groundel's Howard Co.

Date of Burial, Sept 9th.

Undertaker Chas A White

Place of Business, 35 Fayette St *Address,* 120 N. Greene St.

F. B. Gardner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 69634 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luvenia Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* *Days,*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} No 182 Eutaw St

Cause of Death. First (Primary), Unknown

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9. 83

Undertaker Abp Hunsty

Place of Business,

D J [illegible] M. D.

Medical Attendant.

Address, Cor [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 69650 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1883 BALTIMORE, MD.

Date of Death, Sept. 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Stinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 23 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1417 E. Lombard St.

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), Meningitis

Duration of Last Sickness, Two days

All the above Info matter should be furnished by the Physician.

Place of Burial, ~~M. A. Dauger~~ Baltimore Cemetery

Date of Burial, Sep. 9. 1883

Undertaker M. A. Dauger

Place of Business, 74 S. Bury.

G. Glanville Rusk M. D.
Medical Attendant.

Address, Balt. & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial, &c.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 69636 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 9 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Chatman

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Colored 42 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 111 York St

Cause of Death, First (Primary), Strangulated Inguinal Hernia

Second (Immediate),

Duration of Last Sickness, about 48 hours

All the above info mation should be furnished by the Physician.

Place of Burial, West Bub Cemetery

Date of Burial, Sept 9/1883

Undertaker Fred A Kochner

Place of Business, 129 Washington

S. A. Bell M. D.

~~Medical Attendant~~ Coroner 5th Dist

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69637 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7/883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt W Wheeler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 174 Mosher St

Cause of Death, First (Primary). Curvature of the Spine.

Second (Immediate). Softening of Spinal Cord

Duration of Last Sickness, 14 days

All the above Info matter should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 10th 1883

Undertaker D Emmy & Mitchell

Place of Business, 550 W Fayette St

Edwd Otis M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

NO.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No 69638 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Shives

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Dentist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 57 Georges st

Cause of Death, First (Primary), Haemorrhage.

Second (Immediate), One or two minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 10

Undertaker JOSEPH B. COOK,
Undertaker, &c
707 W. BALTIMORE St.
BALTIMORE, MD.

Place of Business,

Alexander Tinsley M. D.

Address, Coroner

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained and enacted,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 6963 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8th September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda A Selden

Sex, Male or Female, {Cross out the word not required, in this line.} Female

Age, Years, 10 Months, ... Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 270 S Howard St.

Cause of Death, First (Primary), Asthenic-Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 15th days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 10 1883

Undertaker H. Gross

Place of Business, 95 Lombard

C. A. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 9 6 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1883 BALTIMORE, MD.

Date of Death, Sept 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} George Madison Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 514 N. Lexington St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem

Date of Burial, Sept 10-83

Undertaker, Henry W. Mitchell

Place of Business, 330 W. Fayette St

H. D. Gilbert M. D.
Medical Attendant.

Address 167 N. Bridge St
Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] of death, except in cases of births and deaths of illegitimate children

Permits for Burials, to the Office

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69641 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Barrett Wilbur

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Years, One Months, Three Days,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} V

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 544 W Fayette St

Cause of Death, First, (Primary,) Cholera in Jan turn for 12 days appeared well for 3 days, then Diarrhea

Second, (Immediate,)

Duration of Last Sickness, 23 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 10 1883

Undertaker, Henry C. Mitchell

Place of Business, 550 W Fayette St

Elias C Price M. D.,
Medical Attendant.

Address, 262 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69642 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen E. Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 167 Edmondson Avenue

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 11th 1883

Undertaker, Henry Mitchell

Place of Business, 530 W Fayette St

J Harvey Ellis M. D.,

Medical Attendant.

Address, Catons & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the R[illegible] Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69643 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sabbath Sept 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Gantt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days,*

Color, Colored

~~*Married*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 16 Hollin alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 10 1883

Undertaker, S W Chase

Place of Business 198 Howard St

H Nelson M. D.,
Medical Attendant.

Address, Bull & Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69644 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Kinnaird

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 66 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation Undertaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Glasgow — Scotland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 32 N Liberty

Cause of Death, First (Primary). Internal abscess

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 11 September

Undertaker Henry Baughman

Place of Business, 38 Clay St.

L. G. Brainard M. D.
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6 9640

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 10 1883
BALTIMORE, MD.

Date of Death, Thos September 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Rosenberg

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Eight *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 444 Saratoga St

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 days Dr. Reinhardt, attnd 9 days

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery

Date of Burial, Sept 10 1883

Undertaker, W. L. Eilua

Place of Business, 101 [illegible] St

J. R. Jordan M. D.,
Medical Attendant.

Address, 322 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7614

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} F,

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~ {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 138 Mc Elderry St.

Cause of Death { First (Primary). Disease of the Heart. (Mitral insufficiency)
Second (Immediate). Rt. lateral paralysis with aphasia

Duration of Last Sickness, 18 months

All the above into matters should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept, 10 1883

Jno. S. Synek M. D.
Medical Attendant.

Undertaker Henry Wegmann

Place of Business, 8 N. Central Av *Address,* 1101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 83

Permit No. 69647 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th of Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr H W Schneiderwind

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 12 hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, {Give street and Number.} 20 Pearl St

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 10th 1883

Undertaker, Jos H Young & Co

Place of Business, 538 W. Fayette St *Address,* 120 Pearl St

D. H. Feldmann M. D.,
Medical Attendant.

SEP 10 1883
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office where issued, [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69648 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Hoette

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 1 *Days,*

Color, ———

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 86 Paca Ave

Cause of Death, First, (Primary,) Scarletina Anginosa Malegna

Second, (Immediate,) Uremia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Sept 9

Undertaker, W J Pickrum

Place of Business, ———

A. McColburn M. D.,
Medical Attendant.

Address, 343 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office Whence Issued, Saturday of each Week.

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69649 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT SEP 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* / *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 188 Madison Ave

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 10/83

Undertaker, Thos. Bothel

Place of Business, 192 Germain St

H. A. Dick M. D.,
Medical Attendant.

Address, 44 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

Permit No. 6960

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Doyle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Days,

36 *Years,* Months,

Age,

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, { Give street and Number. } University Hospital

Cause of Death, { First (Primary), Dysentary

Second (Immediate). Asthenia + collapse

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green M. D.

Date of Burial, Sept 10th 83

Undertaker M. Cadogan Medical Attendant. University Hospital

Place of Business, 207 Mulberry St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 152 N. Wolfe St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 11th 93

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave

James E. Daniels M. D.
Medical Attendant.

Address, 199 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69652 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Burch Frazer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 18. *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 175. Stirling St.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 4 Enson. St.

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3. days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Granmount Ave

J. E. Heard, M. D.,
Medical Attendant.

Address, 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69623 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th Septr. Eleventh 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} No 115 E Monument St

Cause of Death. First (Primary),

Second (Immediate). Malarial Fever

Duration of Last Sickness. 9 days.

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross

Date of Burial. Sept 11th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

A. J. Boyer M. D.
Medical Attendant.

145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burial [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69667. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9 '83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Kuhn

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 5 *Years,* 2 *Months,* ~~Days,~~

Color, White

Married, ~~Single,~~ *Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 315 E. Madison

Cause of Death, First (Primary). Hydrocephalus acutus

Second (Immediate). Edema pedis

Duration of Last Sickness, 2 weeks

All the above Info mation should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 10 1883.

Undertaker John Heming

Place of Business, 382 Caroline St *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th: Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69606 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Barnes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 8 *Years,* 3 *Months,* 7 *Days,*

Color,

Married, ~~Single~~, *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 233 North Ave

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Emaciation

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Sept 11th 1883

Undertaker, Geo. L. Hacker

Place of Business, No 150 Canton Ave

A. McColloch M. D.,
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6666 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 10 1883

Date of Death, Sept. 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Thaler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 10 N. Fredrick St.

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 3½ years

the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Sept 11/83

Undertaker C. J. Rau

Place of Business, 62½ W. Balt St. *Address,* 170 S. Sharp St.

Wm Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of I... Permits for Burials to the Ch... the Remarks below, and to List of Diseases on Back of this Certificate.

/3 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 9667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Willie James Henry Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* —— *Months,* —— *Days.*

Color, Brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ~~One month~~ all his life

Place of Death, {Give street and number.} No 86 Eden alley

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) One month.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, September 10

Undertaker, A Ross

Place of Business 75 Conway St

Edward Tu Wood M. D.
Medical Attendant.

Address 199 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, William Lenbrecht September 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Male

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 130 S. Washington St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept. 10th 1883

Undertaker, G. France

Place of Business, Frank & Wolfe

Alfred Whitehead M.D.C.E., M. D., Medical Attendant.

Address, 147 S. Ann Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 6965-9

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. B Lawrence

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 Columbia Ave.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Dysentery.

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 11th 1883.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 298 W. Lombard St.

H. H. Nebure M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, by

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69660 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence A. Krantz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 9 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death. {Give street and Number.} 557 Light St

Cause of Death { First (Primary), ———
Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 11th Sept

Undertaker J. S. Hooker

Place of Business, 150 Lansdy *Address,* 608 Light St

Jno. D. Blake *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69661 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 10 1883

Date of Death, September 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hamilton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 92 *Years,* 2 *Months,* 6 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belfast — Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 47 Edmondson ave

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 12th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of the Permits for Burials to [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Louis Bitter Septb - 9. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bitter

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Restaurant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 9 W Pratt St

Cause of Death First, (Primary,) Abscess

Second, (Immediate,) Septicemia

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 12/83

Undertaker, C F Kaw

Place of Business, 62½ W Balt St Address, 137 Fayette

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bevan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet Worker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give street and number} Cor. Washington & Bank Sts

Cause of Death First, (Primary,) Acute Bronchitis

Second, (Immediate,) Reflected to the Brain Synchronous with Bronchitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 12 Sept 1883

Undertaker, Jerh. J. Gilmer

Place of Business, 165 Aisquith

A. Stewart M. D.
Medical Attendant.

Address, 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office within [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6966 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Schreiner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 138 Franklin

Cause of Death, First (Primary),

Second (Immediate) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 10

Undertaker W Hadaway

Place of Business,

Geo W Inman M. D.
Medical Attendant.

Address, 1m N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69666 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septr 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Florentine Fay

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} No. 302 Penn. Ave.

Cause of Death, First (Primary), Old age

Second (Immediate), Dropsy

Duration of Last Sickness, about 5 days

the above information should be furnished by the Physician.

Place of Burial, Wm. Cathedral

Date of Burial, Sept 11th 1883

Undertaker D. E. Longnecker

Place of Business, 320 Penn Ave

H. Stuart M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 69666

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

69666 **Board of Health, City of Baltimore,**

Permit No ~~31~~ *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel A. Clagett Jr.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* 2 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 54 Spring Row

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Anarundle Co

Date of Burial, Sept 11

Undertaker C. L. Hughes

Place of Business, *Address,* 414 E. Pratt St.

Saml A. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Of... No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 69667

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Lewis

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Bright

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, in institution 2 Weeks

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Pulmonary Tuberculosis

Was taken in a dying condition

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 10

Undertaker, G Rinehart

Place of Business, ———

Thos. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, at the Office [illegible]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69668 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Cooling

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 14 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Chesapeake City

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, { Give street and Number. } University Infirmary

Cause of Death, First (Primary), R. Road Injuri

Second (Immediate), Fract. Cer. Leg. Shock &c

Duration of Last Sickness, 4½ hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet for City

Date of Burial, Sept 11, 1883

Undertaker John S. Meacher

Place of Business, 150 Camden

Alexander Frisby M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause, and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office where it

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 **Board of Health, City of Baltimore.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6966 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes R Holmes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 326 N Lexington st

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem,

Date of Burial, Sept. 11 1883,

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c 707 W. BALTIMORE ST.

John L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Births and Deaths in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the [illegible]

No. 69670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69670 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, September 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William V. Wells

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baggage Agt

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 Orleans St

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever

Duration of Last Sickness, 23 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 13/83

Undertaker John Lake

Place of Business, 166 E Balto St *Address,*

S. K. Andrews & L. Gross M. D.
Medical Attendants

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Sexton ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6967 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 10-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Duncan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Inanition

Second (Immediate), Rupture of Intestine. 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Sept 11th 1883

Undertaker Denny & Mitchell

Place of Business, 165 S Broadway *Address,* City Hospital

J. R. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to be Called [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6,662 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 10/1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B Garrett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 225 William st

Cause of death, First, (Primary,) fell from high truck & crushed - lived two hours

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 12

Undertaker, B Hall

Place of Business, 42 West St

L Bracetti M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69693 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O'Neal.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days;*

Color, W

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23

Place of Death, {Give street and Number.} 278 S. Charles

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea 5 Minutes

Duration of Last Sickness,

All the above Info matter should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, Sept 11

Undertaker B. Healy

Place of Business, 62 West St

R. H. Edes M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burials, to the Office whence issued, Saturday of each week. No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69674 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9th Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* C *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} no 17 Hoover alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, sept 11 1883

Undertaker, William N Dorsey

Place of Business, No 62 East st

[illegible] M. D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

No 6967[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6967[illegible] *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S AGENT
SEP 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 3 P.M. 1883 Frances Willian

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 119 S. Chapel

Cause of Death, First (Primary), Premature

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, E. German Cemetery

Date of Burial, Sept. 11th 1883 Jno. E. Donnelly M. D.

Medical Attendant.

Undertaker Wm. Nicolaus

Place of Business, 258 Alice Ann *Address,* 119 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69616

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69616 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Spitzbaber

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 17 *Years,* 9 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wingerin, Germany (Hidarbommes)

Duration of Residence in the City of Baltimore, One month.

Place of Death, {Give street and Number.} 223 S. Bond St.

Cause of Death, First (Primary),

Second (Immediate) Typhoid Fever, ✓

Duration of Last Sickness, Eight days,

the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem

Date of Burial, Septbr 11th 83

Undertaker Henry Sander Son

Place of Business, 252 Canton Av Address,

A. V. Gosweiler, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69677 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Collins

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, ... *Years,* One *Months,* ..... *Days,*

Color, W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and Number.} 80 S. Callowhill

Cause of Death. First (Primary), Cruosa

Second (Immediate), Pulmonary Collapse

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept. 11, 1883

Undertaker Thos. S. Hughes

Place of Business, 60 E. Balto St.

D. L. Winters M. D.
Medical Attendant.

Address, 77 Do. Druery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 69678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar C. Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 St Timothy st

Cause of Death, First, (Primary.) Phthisis Catarrhalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 13

Undertaker, J. Bleaden

Place of Business,

E. Meiserley, *M.D.,*
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6967 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10th September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one Years. Months, 16 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, Eleven months

Place of Death, {Give street and Number.} 396. West St.

Cause of Death, First (Primary). Diarrhea

Second (Immediate). Tubes=Mesenterica

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 11

Undertaker H Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.

Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office [illegible]

The Special Attention of Physicians is desired [illegible] Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69680 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elitzabeth Denison

Sex, ~~*Male or.*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and Number.} # 102 Orleans Street

Cause of Death, First, (Primary,) Chronic Hepatitis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Saml. B. Powell M. D.,
Medical Attendant.

Address, # 29 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office ...

No. 6968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6968 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gracy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Foreman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and Number.} 287 E. Madison St

Cause of Death, First (Primary). Cerebral Softening

Second (Immediate). Pneumonia

Duration of Last Sickness, About 2 Years

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 13th 1883

Undertaker George Schilling

Place of Business,

Geo. J. Paula M. D.
Medical Attendant.

Address, 234 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6968 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Harford.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* ____ *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} Wolfe St. near Chest.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Sept 12

Undertaker, Fry & Bro

Place of Business, ____

John H. White M.D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septb 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Rossman

~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* / *Months,* ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 12 year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 162 S Central ave,

Cause of Death {First, (Primary.) Congestive Chill

Second, (Immediate.) 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 12 th '83

Undertaker, G. Thance

Place of Business, Bantz & Wolf Address, 137 Wayette st

L Fillerauth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the

No. 6968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6968 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos D. Buckley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 20 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 353 S. Dallas St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, Unable to take as the child was moribund.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Sep. 12. 83

Undertaker M. A. Dayer

Place of Business, 74 S. Bway

C. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Glan. Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69680 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5:30 A.M. Tuesday Sept 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* ~~X~~ 3 *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ~~Single~~

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 227 Hudson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Do

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial. Sept 12. 1883

Undertaker, M. A. Daige

Place of Business, 44 S. Bway

J. E. Pritchard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries

for Burials, to the Office whence issued Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6 9686 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amos C. Wood.

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 5-4 *Years,* *Months,* *Days,*

Color, (Col.)

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Waiter.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } America

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, { Give street and Number. } Balto. City Hospl.

Cause of Death, First (Primary), Phthisis.

Second (Immediate).

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 12th 83

Undertaker Samuel M Chase

Place of Business, 98 Union Ave

J. W. Bowers M. D.
Medical Attendant.

Address, City Hospl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

Permits for Burials to the Office will be issued Saturday of each week. No. 4765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6765 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Davis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 280 N. Mount

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 6 Mon.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept. 12/83

Undertaker JOSEPH B. COCK,

Place of Business, Undertaker, 707 W. BALTIMORE, ST., BALTIMORE, MD.

W. McShane M. D.
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 69688

Board of Health, City of Baltimore,

Permit No. 69688 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 11. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augustus Brown

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 112 Fleet near Wharf

Cause of Death, First (Primary), Lues & Potation towards

Second (Immediate), bad whiskey

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Lauel

Date of Burial, Sept 11

Undertaker C & A Thule

Place of Business,

H Conroy M. D.

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials to the Office

No. 6968[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 67689 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 12 1883

CERTIFICATE OF DEATH.

Date of Death, September 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Foote

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 4 *Months,* *Days,*

Color, Colored or African Race

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 10 years -

Place of Death, {Give street and Number.} 112 N. Greene St.

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate), One week

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Lauers Cemetery

Date of Burial, 12 Sep

Undertaker A. Rohde

Place of Business, 45 Penna ave.

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday

No. 69690

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69690 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Sawyer

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 68 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First (Primary), Enlarged Prostate cystitis

Second (Immediate), Septic poisoning and peritonitis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Stapleton Cemetery

Date of Burial, September 12

Undertaker H Ross

Place of Business, 25 Conway St

H West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Blank.

Board of Health, City of Baltimore,

Permit No. 6961 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Forrest

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, cl

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her entire lifetime

Place of Death, {Give street and Number.} 18 Cedar Row

Cause of Death, First, (Primary,) Croup

Second, (Immediate.) Consumption Pulmonary

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, September 12-83

Undertaker, M. J. Jordan

Place of Business, 63 Park ave

Dr Hammond Dunn M. D., Medical Attendant.

Address, 64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ale to the Office whence issued ... Sept 12 1883

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69692 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1883

CERTIFICATE OF DEATH.

Date of Death, 11th Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Farley

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Plumbing St. No Number

Cause of Death, First (Primary). Diptheria

Second (Immediate). Asthenia 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Mifflin

Date of Burial, September 13

Undertaker B. Hurst

Place of Business, 81 West St *Address,*

T. H. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and perfect record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the O[illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6969 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace A Burnett

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or*~~ ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 149 Clement St

Cause of Death, First (Primary), Dysentery

Second (Immediate), Coma

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, Septemb 13

Undertaker Bern. Mack

Place of Business, 82 West St

H. B. Stolle M. D.
Medical Attendant.

Address, 50 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6794

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6794 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED REGISTRAR'S SEP 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Roberson Wright

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... 3 *Months,* ..... 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 449 E. Lombard st

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept. 13th 1883

Undertaker M. A. Daiger

Place of Business, 748 S. Edw'y,

P. G. Daual M. D.
Medical Attendant.

Address, 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69695 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Kraning.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 7 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 60 Parrish St

Cause of Death, First (Primary), Convulsions

Second (Immediate), " "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Sept 13th 3 oclock

Undertaker Jno B. Cook

Place of Business, 707 W. Balto St *Address,*

none *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John Meagher
Sanitary Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 49496 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dainrica Albaugh Peach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} 187 Battery Ave

Cause of Death, First (Primary),

Second (Immediate). Scarlet Fever

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 12th 1883

Undertaker Armistead Coy

Place of Business, 263 Light

Robert S. Lowe *M. D.*
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Offi[illegible] No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6967 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED REGISTRAR'S OFFICE SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Hoffman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 311 N Chapel St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 Days

the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Sept 13, 1883

Wm. L. Purnell M. D.
Medical Attendant.

Undertaker Henry Heath

Place of Business, 309 Central ave *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69698

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69698 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minerva Murphy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Home Life

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 454 E. Monument St

Cause of Death, First (Primary).

Second (Immediate). Puerperal Fever

Duration of Last Sickness, Nine Days = Confined August 31/883.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Ky

Date of Burial, Sept 14

Undertaker Geo Shillem

Place of Business,

A Lrs pr Thorpe M. D.
Medical Attendant.

Address, 11 S. Hoff St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemetery

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 69699 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Andrew Gallagher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 21 Hall St

Cause of Death, First (Primary),

Second (Immediate) Gastro-Enteritis

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th 1883 - 2 P.M.

Undertaker E. Harle

Place of Business, 82 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY ▲ FILM

Keepers of Cemeteries in City
Permits for Burials, to the Office whence issued Saturd[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69702 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joh. Henry Kellermann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* one *Months,* 10. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and Number.} 14th 101 Eastern Av.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Septber 13th 1883

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av

L C Winternitz M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK S

Keeper of Cemeteries to ... Permits for Burials to the Office ... issued Saturday of each week. No. 69761

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69761 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. SEP 13 1883

SEP 13 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Janet A Blacklock

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* 5 *Months,* 12 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Cor Boundary Ave & John St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 1 week

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 13th 83

Undertaker Hufnagle & Sons

Place of Business, Park & Saratoga Sts *Address,* 179 N. Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of Cemetery
Permits for Burials ... issued ...

No. 69702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69702 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 74 Ohio Av.

Cause of Death, First (Primary), Hydrocephaloid

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep. 15 1883

Undertaker H. Ross

Place of Business, Broadway

W. S. Booe M. D.
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69703 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George C. Rider

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 1 *Years,* 1 *Months,* 8 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 14 Plumb Alley

Cause of Death, First (Primary), Measles.

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 12

Undertaker H Ross

Place of Business, 95 Conway St

W. S. Booze M. D.
Medical Attendant.

Address, 210 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of [illegible]

Permit [illegible] issued [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69704 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gauson.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Wayne St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Sept 13 1883

Undertaker L. Ross

Place of Business, 35 Lombard St *Address,* 211 Sharp St

W. S. Booze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in [illegible]

Permits for Burials, to [illegible]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Francis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, abt 100 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, the her life

Place of Death, {Give street and number} 8 Jews alley Balto. Md

Cause of Death, {First, (Primary.) old age

{Second, (Immediate.) Asthenia

Duration of last Sickness, about 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 13 1883

Undertaker, Morgan & Pye

Place of Business, Hillen & Eng

Nathan R. Gorter M. D.
Medical Attendant.

Address, 23 Hamilton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...teries in City of Baltimore ...
...issued Saturday of each ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69706 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sep 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Thomas Christian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 8 *Months,* *Days,*

Color, blk.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 202 Cathedral

Cause of Death, First, (Primary,) marasmus

Second, (Immediate,)

Duration of Last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13, 83

Undertaker, Alf Hemsley

Place of Business,

G Lane Tompkins M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6707 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate B. Shipley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Bath

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 43 Harlem Ave

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 13 1883

Undertaker, Stewart & Co

Place of Business, 80 Park Ave

Geo H. Epler M. D.,

Medical Attendant.

Address, Waverly Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

Keepers of Cemeteries in City
Permits for Burials to the Office whence issued

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6978 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
SEP 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Kroft

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 4 Olivier st

Cause of Death, First, (Primary) Heart disease

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 14 th 1883

Undertaker, STEWART & POWELL UNDERTAKERS.

Place of Business, 33 Park Ave.

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will [illegible]
Permits for Burials, to the Office whence issued. [illegible]
The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20

Board of Health, City of Baltimore,

Permit No. 69789

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

RECEIVED
SEP 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Diffinderffer

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 36. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} # 254 Meystte Avenue

Cause of Death, First, (Primary.) Neuralgy of the Brain

Second, (Immediate.) ———

Duration of Last Sickness, Two weeks Suffering for Some time

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 14th

Undertaker, J E McConghlin

Place of Business, 320 Eutaw ave

E. Shingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12th September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kuhlmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, File-cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 125, Fredrick Ave.

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Hydropericardium

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 14. September

Undertaker, John P. Paulus

Place of Business, 66, Fredrick Ave.

Morris Stein M. D.
Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of [illegible]
Permits for Burials to [illegible] No. 69711

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69711 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept-12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honor D. Webster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 233 N Central ave

Cause of Death, First, (Primary,) Gun Shot Wound in Leg received during Late War Federal side

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept-14th 1883

J. E. Whiteford M. D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St *Address,* 190 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Keepers of Cemeteries

No. 69712

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69712 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1883

CERTIFICATE OF DEATH.

Date of Death, September 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Slago Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and Number.} 27 Armistead Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, 9/14/83

Undertaker, Armstrong & Denny

Place of Business, 263 Lexington St *Address,*

Julius Hall *M. D.,*
Medical Attendant.
Southern Dispensary
77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore make return of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6713 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ 12th 1883 5.30 P.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kroeger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— 40 —— *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 27 years —

Place of Death, {Give street and Number.} 138 Saratoga St.

Cause of Death, First, (Primary,) Pneumonia —

Second, (Immediate,) Absess of lung —

Duration of Last Sickness, Six weeks —

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 15th Sept 1883

Undertaker, H. W. Lucklin Sons

Place of Business, Park & Saratoga

Chas. Stan Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ...

Permits for Burials, to the Office whence issued, Saturday of each w...

No. 69714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69714 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Bechtold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 55 Eleventh St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, September 14th 1883

Undertaker J C Schenk

Place of Business, 215 Aliceanna *Address,* 55 Eleventh St

E Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries ...

Permits for Burials, to the Office whence issued, Saturday of each week. No. 69775

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69775

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ...

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, ... *Years,* ... *Months,* ... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ...

Cause of Death, { First (Primary), ... / Second (Immediate), ... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker ...

Place of Business, ... *Address,* ...

... *M. D.*

Medical Attendant.

SEP 13 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of [illegible]
Permits for Burials to the Office will [illegible] Saturday of each week.

No. 6976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6976 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Wagner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 325 E. Lombard st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, A. A. Cemetery

Date of Burial, Sept 14th 83

Undertaker G. Evans

Place of Business, Park & Mt. *Address,* 23 N. Bond

J. L. Daval M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Keepers of Cemeteries, Undertakers, &c., to the Office whence issued, Saturday of each [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

12 years

CERTIFICATE OF DEATH.

Date of Death, 12 Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadia F. Able

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 177 Pennsylvania Avenue

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Laryngeal Deposit

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 13

Undertaker, C. H. Blizzard

Place of Business, 198 W Pratt

Marbury Brown M.D.,
Medical Attendant.

Address, 68 McCulloh

HEALTH DEPT.
SEP 13 1883
BALTIMORE, MD.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued Saturday or each

No. 6978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6978 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Septem 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. R. Lufts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 210 Forest — 21 —

Cause of Death,
First (Primary), Syphilis
Second (Immediate), Athrenia

Duration of Last Sickness, 6 mos —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 12 th

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount Ave

D. Streett M. D.
Medical Attendant.

Address, 148 N. Eutaw St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 69719

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69719 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 6 *Months,* — *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and Number.} 66 Scott St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Collapse 7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 16th 1883

Undertaker, Jos B Coates

Place of Business, No 707 W. Baltimore Street

A Voll Colburn M. D.,
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries.

Permits for Burials at the Office whence issued, Saturday of each week. No. 69720

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69720 *Office of Registrar of Vital Statistics.* Ward 8 & 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis 20 yrs a cy

Duration of Residence in the City of Baltimore, 51 Stockholm st

Place of Death, {Give street and Number.}

Cause of Death, First (Primary),

Second (Immediate), Fract Skull &c

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Sept 13 1883

Undertaker William N Dunger

Place of Business No 62 East 2d

Medical Attendant, Alexander Insley M. D.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ... Permits for Burials, to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6774 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Langguth,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 Years, *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 448 Saratoga St.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,) 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 13

Undertaker, J. Edw. Janney. *M. D.,* Medical Attendant.

Place of Business, 317 Mulberry St. *Address,* 212 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries

Permits for Burials issued Saturday

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 6972 — *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septem. 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Arle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nil.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29 N Exeter

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of Heart & bowels

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 13 1883

Undertaker Jos O Byrne

Place of Business, 63 Fayette

H. Stuart M. D.
Medical Attendant.

Address, 142 N Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That it shall be the duty of [illegible] person [illegible] in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]ness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9723 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 13 1883

Date of Death, Sept. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Frederick Stittleo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* 10 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 355 South Bond Street

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, 14th of Sept.

James F. H. Spaid M. D.,
Medical Attendant.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline St., Address, H & E Bath Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore

Permits for Burials to be Obtained at Office of Board of Health, issued, Saturday of each week. NOT

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69724 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McLaine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 34 George St

Cause of Death, First (Primary), Consumption, Pulmonary

Second (Immediate).

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept 15th 1883

Undertaker Chas T Scriven

Place of Business, 271 N Eutaw St

D. L. Miller M. D.

Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore
Permits for Burials, to the Office ... issued, Saturday of ...

No. 69725

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69725 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13 - 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lachmiday.

~~*Sex,*~~ ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, two *Years,* *Months.* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and Number.} Federal St near Bel air Road

Cause of Death. First (Primary),

Second (Immediate). Cholera Infantum.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Hollensous County

Date of Burial, 14th Sept.

Undertaker Adam Funk

Place of Business, 461 W. Gay St

Wm [illegible] M. D.
Medical Attendant.

Address, 226 Mulberry St.

Medical

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ... Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69726 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in ... last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm P. Held

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, — *Years.* 8 *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 357 S. Charles st.

Cause of Death, First (Primary). Meningitis

Second (Immediate). Prostration

Duration of Last Sickness. 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 14

Undertaker H. Hall

Place of Business, 82 West St

E. L. Duddenhorn M. D.
Medical Attendant.

Address, 166 S. Paca.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of [illegible]
Permits for Burials to the Office [illegible]

No. 09727

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 09727 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Gayhardt.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15-4 Mott St.

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Sept 14

Undertaker B. Ward

Place of Business, 82 West St *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City ...

Permits for Burials, to the Office whence issued, Saturday of each week. 5. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 09928 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 11, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Vogelsang

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time —

Place of Death, {Give street and Number.} 41 Covington St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Cardiac Rheumatism,

Duration of Last Sickness, 12 months —

All the above information should be furnished by the Physician.

Place of Burial, Sept 13/83

Date of Burial, 13 attended

Undertaker, Amos Dent

Place of Business, 263 Light

C. DeSmith M. D.,
Medical Attendant.

Address, Cor. Lee & Hanover,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...r Burials, to the Off...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69729 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Cronan

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 7 Fremont

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 13 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore
Permits for Burials, to the Office —

No. 6973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69730 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Tolke / Frank Do cosy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, Une day

Place of Death, { Give street and Number. } Chapple court

Cause of Death. First (Primary), Malignus

Second (Immediate), Scarlatina fever

Duration of Last Sickness, Moribund when seen

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cimitery

Date of Burial, September 14

Undertaker Forst and Evans

Place of Business, corner Lafayette Ave. *Address,* Balt. & Wash. sts.

G. Glanville Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will ...
Permits for Burials to ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6973 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Savilla Bodenmiller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and Number.} 387 N Gay St

Cause of Death, First (Primary), Cancer of Small Intestines

Second (Immediate), General Adynamia

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sep 14 1883

A Lregg Shanker M. D.
Medical Attendant.

Undertaker John Kenney

Place of Business, 382 Orleans St *Address,* 11 S 4th St Lt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ... Nos. ...

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69732 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gieno

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, ~~d~~

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Minnie Alley

Cause of Death, First (Primary). Convulsions

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, Sept 17

Undertaker David Stafford

Place of Business,

Geo. A. Gibson M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries to Keep

Permits for Burials, to the Office whence issued, Saturday of each week. No 69733

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69733 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Clarkson Fowler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 552 Aisquith St.

Cause of Death. First (Primary). Dysentery

Second (Immediate). Cerebral Congestion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, Sept 16

Undertaker E H Carmen

Place of Business,

Wm. Bond Le Barron M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ed. Saturday of each week No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69734 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Jones

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester Co Ind.

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and Number.} 638 N. Charles

Cause of Death, First (Primary),

Second (Immediate), Diphtheretic Croup

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Wertenbaker

Date of Burial, September 14

Undertaker H. Hartt

Place of Business, 82 Worth St

R. J. N. Tully M. D.
Medical Attendant.

Address, 152 South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69735

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69735 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shriefer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 276 East Pratt St

Cause of Death, First (Primary). Enteric colitis.

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St James Co

Date of Burial, 14 Sept

Undertaker W Duffield

Place of Business, 151 Bond St

Geo C Baumgarten M. D.
Medical Attendant.

Address, 276 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

Permits for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69736 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otis Kelkolt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 45 *Years,* 7 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 92 North Green St.

Cause of Death, First, (Primary,) Bright's disease of kidney

Second, (Immediate,) Uremic Convulsions

Duration of Last Sickness, 18 Months,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Bonnie Brae

Date of Burial, 15th Sept. 1883

Undertaker, Wm Jenkins & Son

Place of Business, Park & Saratoga Sts

I. H. Butler M. D.,
Medical Attendant.

Address, 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries, &c.
Permits for Burials, to the Office whence issued Sept 1

No. 6973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6973 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person supetintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Elizbeth Riley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} S. W. Cor. Pratt & Stricker Sts.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem

Date of Burial, Sept 14th 1883

Wm C. Goldsmith M. D.
Medical Attendant.

Undertaker S McLennan & Son

Place of Business 782 W. Baltimore *Address* N.E. Cor. Columbia Ave & Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore ...

...Burial's, to the Office where issued Saturday... 1/1

The Special Attention of Physicians is Respectfully ...ed to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69738 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Funk

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 8 *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 62 Burke St

Cause of Death, First (Primary), Cardiac Paralysis

Second (Immediate), Was sick but a few minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Carmel Cemetery

Date of Burial, September 15th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

E. Jos. Chism, M. D.
Medical Attendant.

Address, 522 Eloud St

Extract from Regulations of the Board of Heaith to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will take ...
Permits for Burials, to the Office who... ...ular.

The Special Attention of Physicians is Respectfully ...ed to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69732 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 13 day of September 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Green

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 57 S. Paca

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Ingestion Choustrine

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Sept 15th 1893

Undertaker, Ph. Seewald

Place of Business No 35 S Eutaw St

E. R. Wiley M. D.,
Medical Attendant.

Address 190 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Keepers of Cemeteries in City of Baltimore will [illegible]
Permits for Burials, to the Office where issued, Saturday [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Heard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, ~~Male~~ White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt- Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 90 Hanover

Cause of Death {First, (Primary,) General Debility
Second, (Immediate,) Diarrhoea

Duration of last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Phil. S. Latimer M. D.
Medical Attendant,

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will
Permits for Burials, to the Office whence issued Saturday of each week. No. 69744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69744 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rochfort

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cor. Lanvale & Hanford Sts

Cause of Death, First (Primary), Inflammation of the Bowels

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 12 1883

Undertaker James B Byrne

Place of Business, No 63 N Front St *Address,*

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of [illegible]
Permits for Burials, to the Office whence issued Saturday of No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6974L

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reeves

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House & Sign Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's County, Md.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number} #658 Lombard

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 16/83

Undertaker, JOSEPH B. COOK,

Place of Business Undertaker, 707 W. BALTIMORE ST.

[illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Births and Deaths in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore will make returns of
Permits for Burials, to the Office whence issued, Saturday

No. 69743

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69743 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Kojan

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 195 S Ann ✓

Cause of Death, First (Primary),

Second (Immediate). Catarrh

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 14

Undertaker C A Schulz

Place of Business,

Geo. H. Denson M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of Cemeteries in City of Baltimore will make ... the Office whence issued, Saturday ... No. ...

The Special Attention of Physicians is Respectfully In[illegible] below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69744 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Roger Forden,

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ~~Years,~~ 8 *Months,* ~~Days,~~

Color, Negro -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 49 Oxford St.

Cause of Death, First, (Primary,) Gastro Intestinal Catarrh

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet

Date of Burial, Sept 15 1883

Undertaker, H. Whitehead

Place of Business, 198 Howard St *Address,*

J. Roberts. *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible] Returns of all Permits for Burials to the Office whence issued, Saturday [illegible] No. 69746

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69745 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Harris,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Stevadore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk, Va.

Duration of Residence in the City of Baltimore, Almt 8 years

Place of Death, {Give street and Number.} 237 Orleans St.

Cause of Death, First, (Primary,) Seintica Rheumatism Epistaxis &c

Second, (Immediate,) Exhaustion

Duration of Last Sickness. almt two months

All the above information should be furnished by the Physician.

Place of Burial, Hays St Lawrence

Date of Burial, Augt 14 1883

Undertaker, S McHase

Place of Business, 198 Howard St

D M Cathell M. D.,
Medical Attendant.

Address, 2 W Bmore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Cemeteries in City of Baltimore will [illegible]
Permit [illegible] to the Office whence issued. See [illegible] No. 69746

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69746 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Stansbury

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne co Md.

Duration of Residence in the City of Baltimore, 46 Yrs.

Place of Death, {Give street and Number.} 12 S. Chesnut alley

Cause of Death, First (Primary), Epilepsy

Second (Immediate) Paralysis et coma

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, Augt 15 1883

Undertaker S. McChase

Place of Business, 198 Howard st

T. D. Dyer M. D.
Medical Attendant.

Address, 144 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69747 ; *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 93 Lee St.

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness, For two years

All the above information should be furnished by the Physician.

Place of Burial, Bloomery

Date of Burial, Augt 14 1883

Undertaker W H Chase

Place of Business, 198 Howard St.

A. M. Hall M. D.
Medical Attendant.

Address. 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69748 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwinia D. Paolis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Two *Months,* ~~Days~~

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 639 Pine St. Phila.

Duration of Residence in the City of Baltimore, One night.

Place of Death, {Give street and Number.} 172½ Franklin St.

Cause of Death, First (Primary). Inanition

Second (Immediate). Convulsoid

Duration of Last Sickness, Zero days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 14-83

Undertaker Denny & Murchison

Place of Business, 500 W. Fayette *Address,* 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19

Permit No. 69749

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand H. Kopp

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 147 N. Stricker St

Cause of Death, First, (Primary.) Enteric Colitis,

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Sept 15 83

Undertaker, Denny Smith

Place of Business,

Mathew Brown M.D.,
Medical Attendant.

Address, 6 & 8 Town St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 6975-D *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa C [illegible], Baker,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 187 Carroll Ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about last year

the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 15-83

Undertaker Keany & Mitchell

Place of Business, *Address,* 2 Cathedral St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69761 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. A. T. Lecew

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 64 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 206 W Lombard St

Cause of Death, First (Primary), Apoplexie

Second (Immediate). Asphyxia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, 15 September

Undertaker Sammy's Mitchell

Place of Business, 65 S. Broadway

A. F. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 69752 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 127 Pearl St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Thanksgiving Cemetery

Date of Burial, Sep 14. 83

Undertaker, A & F Kennedy

Place of Business,

J. H. Martin M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6975 C *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Locke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carlisle Pa

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} 165 Conway St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, Delicate during entire life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 15th 1883

Undertaker, John J. Mackey

Place of Business, No 150 Camden *Address,* 1345

J M Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69757 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} University Infirmary

Cause of Death, First (Primary), Lepsis - from a Blow!

Second (Immediate), Fract Skull & Compression in Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Sept 14th 1883

Undertaker J J Andrews

Place of Business 1064 Druid Hill Ave

Alexander Jones M. D.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65755 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Konig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 S. Chapel St

Cause of Death, First, (Primary,) Sanitation

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Sept. 14 83

Undertaker, G. Frazer

Place of Business, Bonts & Watts *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69706 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Ackerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 Years, One Months, — Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} № 88 Albemarle st

Cause of Death, First, (Primary,) Pseudo-membranous Laryngitis

Second, (Immediate,) —

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Prot Germany Ref.

Date of Burial, Sept 15th 1883

L C Wanderwerth M. D.,

Medical Attendant.

Undertaker, Peter Firey

Place of Business, 91 Eastern Ave

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the ... below, and to List of Diseases on Back of this Certificate.

6975 7

Board of Health, City of Baltimore,

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh D. McSorley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Fish culturist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and Number.} 120 N Stricker St

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn N. Y.

Date of Burial, Sept 16th 1883

Undertaker, Henry W. Myers

Place of Business, 45 N Gay St

J Harvey Lee M. D.,
Medical Attendant.

Address Edmondson Ave & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69758 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 13th 11 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* 12 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton phone Md.

Duration of Residence in the City of Baltimore, One year.

Place of Death, {Give street and Number.} 53 Vincent alley.

Cause of Death, First (Primary), Catarrhal Phthisis

Second (Immediate), asthma

Duration of Last Sickness, About six months.

the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Sept 15 1883

Undertaker William N Dorsey

Place of Business, No 62 East St

W. D. Pender, M. D.
Medical Attendant.

Address, 56 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6776-9 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Kent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 429 Parrish alley

Cause of death, First, (Primary,) ?

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 or 5 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 14 1883

Undertaker, Wilson N Dorsey

Place of Business, No 62 East St

Sick Nurse, M. D.,
Medical Attendant.

Address, Sick Nurse

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...ian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ht hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69760 ; *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Barlett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Stone Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 35 Cayuga St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate). Angustine Chill

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, Sept 16th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address* 53 Eliot St.

E. J. Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank Directions on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6761 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Neary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 220 McCulloh

Cause of death, First, (Primary,)

Second, (Immediate,) Cancer General

Duration of Last Sickness, Unknown to me

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 16-83

Caleb Winslow M. D.,

Undertaker, Dennis & Mitchell Medical Attendant.

Place of Business, 550 W Fayette St *Address,* 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6976 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 6 45 A M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Pixaun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and Number.} 121 S. Wheeler

Cause of Death, First (Primary), Valvular - Heart disease

Second (Immediate),

Duration of Last Sickness, For a Year past. Complained

the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cem.

Date of Burial, Sept 15th 1883

James E. Donelly, M. D.
Medical Attendant.

Undertaker H. Sanderson

Place of Business, 252 Canton Avenue, *Address,* 298 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 69763

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa Cox

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 45 Sh Exeter St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Valvular Disease of heart

Duration of Last Sickness, Five Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 14th

Undertaker, Samuel Chase

Place of Business, 198 S Howard *Address,* 5th Dr Calvert St

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6976 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

Date of Death, Sept 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie L. Norris

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, born years

Place of Death, {Give street and number} Chappel St. N 3 d 7

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Coma

Duration of last Sickness, nine days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep 15th 83

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Thos J Simms M.D.
242 N. Bond M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69766 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James High

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 340 Railway st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 5 days

The above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 15th 1883

James Bosley M. D.

Medical Attendant.

Undertaker S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 69766 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

Date of Death, Sept 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Amerine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Six *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur. life

Place of Death, {Give street and number.} 143 S. Bethel St

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15-th 1883

Undertaker, J. J. Locke

Place of Business, 1173 Jefferson

Whitefield Kinsey M. D.,
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certifica

3

Board of Health, City of Baltimore,

Permit No. 6976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 Sept. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Barsilla Eliz Young.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 62 *Years,* 2 *Months,* ___ *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Georgia

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give street and number.} 37 S. Wolfe St

Cause of Death, First (Primary,) Dilatation of Heart with Dropsy.

Second (Immediate,) Cardiac Syncope

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Septemb. 17

Undertaker, B. Hark

Place of Business, 82 West St.

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6976 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Voliant

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47a *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life 363 W. Conway

Place of Death, {Give street and number} ~~Mount Hill~~ Baltimore Baltimore

Cause of Death, First, (Primary.) Cerebral disease. Hemorrhage

Second, (Immediate,) Congestion Chill

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 16th

Undertaker, M. Ch. Weber

Place of Business, 26 Fayette st

Wm A. L. C. Rea M. D.
Medical Attendant.

Address, Mount Hope Retreat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 69769 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letha Williams

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 24 *Days.*

Color, Col

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 114 St Mary's St

Cause of Death, First (Primary), Cold

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15 1883

Undertaker W. J. Gray

Place of Business, Mulberry St

Geo. H. Penrod M. D.
~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 6978 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Bastlard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 35 & E Lombard St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, Six Days

the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 15 Sept 1883

Undertaker John A Silsch

Place of Business, 265 Aliceanna

E. J. Williams *M. D.*
Medical Attendant.

Address, 35 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6977 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH SEP 15 1883 BALTIMORE

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M Bryatt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} 63 Bunker St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Inanition

Duration of Last Sickness, 9 weeks

the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, Sept 16th 1883 E. J. Williams *M. D.*

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 83 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No 6972 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 95 S. Broadway

Cause of Death, First (Primary), Hooping Cough 1st Measels Tuberculosis

Second (Immediate), asthenia

Duration of Last Sickness, 5 months

All the above Info matter should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 17th 1883

Jno. S. Lynch M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of.

Board of Health, City of Baltimore,

Permit No. 69773 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* 1 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 227 Hudson Canton

Cause of Death, First, (Primary,) Scarlatena

Second, (Immediate,) Diphtheria Convulsion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Sep. 15, 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bro

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6974 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th, 8 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wehnert.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 161 Lower St.

Cause of Death, First (Primary). Croup

Second (Immediate).

Duration of Last Sickness, 48 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 16th 1883

Undertaker Julius Kochler

Place of Business, Sharp & Cross Sts. *Address,* S. Columbia Ave & Bowers

Louis V. Alderdice, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 69775 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

Date of Death, Septr. 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wilhelm Sr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 449 N. Calhoun St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) " "

Duration of Last Sickness, None Gradual decay

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 16th 1883

Undertaker, J E Boyle & Co

Place of Business, 320 Penna Ave Address 431 Penna. Ave.

J. J. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69776 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} Home for Aged of M. E. Church

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Enteritis

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial Sept 15th 1883

Undertaker, John Mackie

Place of Business, No 150 Canton Ave

A. Arnold M. D.,
Medical Attendant.

Address, 322 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 69777 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mansel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md ✓

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 91 E Chapel St

Cause of Death, First (Primary), ...

Second (Immediate), Dentition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 15

Undertaker G France

Place of Business, ...

Geo. H. Bensard M. D.
Medical Attendant

Address, 91 E Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 69778 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pick

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} f

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 207 S Regester St

Cause of Death, First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Sept 16

Undertaker G France

Place of Business,

Geo. H. Benson M. D.
~~Medical Attendant~~

Address Cor of Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69779 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Brun.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, wht

~~*Married*~~, *Single*, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 171 Preston

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sept 15th 1883

Undertaker, Charles Scriven

Place of Business, 291 Eutaw St *Address,* 219 Madison.

G Lane Tanneyhill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69788 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14, 1883

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty *Years,* Eleven *Months,* Twenty Seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 392 East Monument St

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 15/83

Undertaker Fry & Son

Place of Business, 51 N Broadway *Address,* h.o. 102 N. Broadway

Wm. H. Lindauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Droisbeck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 754 S. Charles St.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 16

Undertaker, M. Clark & Son

Place of Business, 92 S. Ann

R. E. Lee M. D.
Medical Attendant.

N. W. cor Hanover & Barre Sts

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69782 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linie Schaum

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 69 Fulmer St

Cause of Death, First (Primary), Dentition & Cholera

Second (Immediate), Exh

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 16

Undertaker B. Hark

~~*Place*~~ *of Business,* .....

H B Noble M. D.
Medical Attendant.

Address, 56 Main St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69783 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, Sept. 15 1883.

Undertaker Frank McVeagh —

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

10

Permit No. 69784

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Brown.

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Reisterstown, Md.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 56 Harmony Lane.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis.

Duration of Last Sickness, One year.

All the above Information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Sept 15 1883

Undertaker, Wm N Dorsey

Place of Business, No 62 Lost St

Chas. Jaunay M.D.,
Medical Attendant.

Address, Hon. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 69786 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septm. 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Day

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ——— *Years,* ——— *Months,* 7 *Da...*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 376 Forest Alley

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 16

Undertaker, J. J. Chalmers

Place of Business, 298 Hanover St.

J. H. Schmidt M. ...

Medical Attendant.

Address, 431 Lemmon Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a... the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69786 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14/883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett R. Mayes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Waitress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 148 N. Bethel

Cause of Death. First (Primary). Pneumonia

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 Minutes

the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 16 1883

Undertaker S H Chase

Place of Business, 19 & Howard

G. F. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible] below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6987 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward K Means

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ~ *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 70 St. Paul St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), 4 months

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Sept 15th 83

Undertaker Wm Watkins & Sons

Place of Business. Park & Saratoga

H. L. Duncan M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 69788 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert A Kinney Jr

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 55 *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widowed,*~~ *Widower,* {Cross out the word not required in this line.} ~~Sin~~

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 173 Scott

Cause of Death. First (Primary),

Second (Immediate). Softening of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 17th 1883

Undertaker Jos B Cook

Place of Business No 707 W Baltimore Street *Address,*

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69789 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C Stouffer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and Number.} 443 Lexington St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Ds Convulsions

Duration of Last Sickness, 11 Several months

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem.

Date of Burial, Sep. 17/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, &c. 707 W. BALTIMORE ST. BALTIMORE, MD.

J M Hammond M. D.
Medical Attendant.

Address,

Extract from Ordinance of Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69790 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Baumbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #307 Alice Anna

Cause of Death, First (Primary), Trismus Neonatum

Second (Immediate), ...

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, St Pauls cemetery

Date of Burial, September 16th 83

Undertaker John C. Schultz

Place of Business, 265 Alice Anna St *Address,* #43 Alice Anna St.

John H Kelberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 6971 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhea Luf

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days,*

Color, M

~~*Married*~~, *Single,* *Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 402 Aliceton

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 16/83

Undertaker Geo Schilling

Place of Business,

Geo. R. Gonsalves M. D.

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 69792 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Mc Ivig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty-four *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 826 S. Dallas st

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Sept 16 1893

Undertaker, William A' Dungee

Place of Business, 62 East St

Whitfield Winsey M. D.,
Medical Attendant.

Address, 115 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 69193 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hunt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 325 Vine st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 325 Vine st.

Cause of Death, First, (Primary,) Malaria.

Second, (Immediate,) Consumption Chill

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16 1893

Undertaker Wilhelm & Dugge

Place of Business, 62 East St *Address,*

Truman T Hill *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69794 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Gelmon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 4 03 E Chase St

Cause of Death, First (Primary). Malaria and Phthisis

Second (Immediate). Pulmonary

Duration of Last Sickness, 2 Months

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 17th

Undertaker Geo. Schilling

Place of Business,

E J Williams *M. D.*
Medical Attendant.

Address, 3 E Edwards St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 69795 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septr. 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Kinnie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months.* 8 hours ~~Days,~~

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 657 Hanover St

Cause of Death, First (Primary),

Second (Immediate). (Premature birth 7½ - or 8 mts)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Septr 16

Undertaker B. Hale

Place of Business, 82 West St

R. A. P. Ellis M. D.
Medical Attendant.

Address, 312 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 69796 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E Rectz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 12 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 162 Montgomery

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Ball-Lutley

Date of Burial. Sept 16 83

J. W. Webster M. D.,
Medical Attendant.

Undertaker, Amos Wm J Dunn

Place of Business, No 263 Fells

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 69793 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Sept. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cushing Ivy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 3 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1950 S. Chester St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Septr 16th

Undertaker, H. C. Sanger & Son

Place of Business, 262 Eastern Ave

James E. Shane M. D., Medical Attendant

Address, 402 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 69798 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep: 14 & 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Reeves

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, {Give street and Number.} 658 W Lombard St.

Cause of Death, First, (Primary,) Cancer of Womb

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sep. 16 '83.

J. Smithcum M. D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully ... to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 64799 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh McGee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bla Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 301 Towsend

Cause of Death. First (Primary), ~~Typoid Pneumonia~~ Chronic Pneumonia. Exhaustion

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 17/83

Undertaker J B Cook

Place of Business,

Geo. N. Dixon M. D.
Medical Attendant

Address, ~~Office of Health~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 69870 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Kendrick

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 357 Ramsay

Cause of Death. First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sep. 16/83

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, &c 707 W. BALTIMORE ST., BALTIMORE, MD.

James Boyd M.D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6981 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A Hackemeister

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 790 W. Baltimore St

Cause of Death, First (Primary). /

Second (Immediate) Consumption of Lungs

Duration of Last Sickness, about 6 month

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sept. 17/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St

W. K. McShane M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

8

Board of Health, City of Baltimore,

Permit No. 69802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enrose Baily

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, Bright Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Janitor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} N E Cor Chase & Maryland Ave

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cem

Date of Burial, Sept 16th 1883

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

69803 Coroners Inquest

Date of death: Sept. 14th 1883

Name: Cecilia Tollack

Sex: Female

Age: 5 months

Color: White

Occupation: Infant

Residence: Germany

Duration of sickness: N.C: 2 days

Time of death: 6 A.M. 4 o'clock

Cause of death: { First: Congestion of Lungs
2d: Hydrocephalus

Duration of last sickness: 6 months

Date of Inquest: Sept 15th 1883

Time of burial: Sept 17th

Name and residence: Wm Tollack 145 S. Belmont

Place of burial: 151 A Bond

Attended by Dr. Hatch

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No 6980 — Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank M. Peachan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 21 *Years,* ~~Months.~~ ~~Days.~~

Color, White

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 214 Gilmor St

Cause of Death, First (Primary), (Phthisis — Pulmonalis)

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above info mation should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Sep. 16. 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Broadway

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attend...

Board of Health, City of Baltimore,

Permit No. 69803 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex. P. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book-Keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 247 N. Fremont

Cause of death, First, (Primary,) Chronic Nephritis

Second, (Immediate,) Cerebral apoplexy.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Sept 17-83

Undertaker, Denny & Nuttle

Place of Business, *Address,* 215 N. Carrollton

John J. Kirby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 69806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Agnes Pfeiffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Six Months, Twenty Nine Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 11 North Amity Street

Cause of Death, First (Primary).

Second (Immediate) Cholera Infantum

Duration of Last Sickness, Three Days

All the above Info matron should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Sept. 17. 1883 Wm. H. Claudius, M. D.

Medical Attendant.

Undertaker H. Sandelofon

Place of Business, 252 Canton Av. *Address,* h.o. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner who may be called upon, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Phy[illegible] respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 69807 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Tierney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carrown Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor: John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) General debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 17 1883

Undertaker, Jame P Byrne

Place of Business, No 63 N Frem *Address,*

Jno. Brooke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 69508 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, September 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A Pearce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Chair Painter,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 94 South Front St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial. Sept 17th 1883

Undertaker, Jas McGinnis

Place of Business, 1 & 3 Bowman St

Jno H Diffenderffer M. D.,
Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 69809 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883

Date of Death, September 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Davidson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and Number.} 61 Clay St

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Sept 18/83

Undertaker, Wm H. Bishop

Place of Business,

Geo. H. Dorsey M. D.,

~~Medical Attendant~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 69816 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Schaff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No. 2 Clifford Street.

Cause of Death, First (Primary), Diphtheretic Croup

Second (Immediate),

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Sept 17

Undertaker O'Dill

Place of Business,

Louis L. Schaffer, M. D.
Medical Attendant.

Address, Columbia Ave & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69811 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Oneal

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Pneumonia and Dysentary

Second (Immediate). asthenia

Duration of Last Sickness, 3 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 16/1883

Undertaker Fred Koehnen

Place of Business, 129 St Arlington *Address,* University Hospital

WEST M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69812 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, Sept 16 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Walker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Abt 50 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Basin of the Can Lock & Locks

Cause of Death, First (Primary), Accidental drowning

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Sept 16 1883

Undertaker Fred A Kuehnel

Place of Business, 129 N Arlington Ave

S A Bell M. D.

~~Medical Attendant~~ Coroner

Address, 801 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 69813 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sydney Tompkins

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1017 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Tuberculosis

Duration of Last Sickness, two weeks

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 19

Undertaker Fred Gaede

Place of Business, 29 S Caroline St *Address,*

W C Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 69814 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of C & F Kennedy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 71 E Pratt St

Cause of Death, First (Primary),

Second (Immediate). Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 17

Undertaker F Guedee

Place of Business,

Jno. R. Dugan M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific.

No.

Board of Health, City of Baltimore,

Permit No. 69816 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, Sept. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Tasker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brave

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 110 S. Bethel

Cause of Death, First (Primary) Apoplexy

Second (Immediate)

Duration of Last Sickness, Since Friday Sept. 14th 1883

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 17

Undertaker M. Locks

Place of Business,

James E. Donnelly M. D.
Medical Attendant

Address, 270 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 69816 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years.* 1 2 *Months.* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balto Co

Duration of Residence in the City of Baltimore [illegible]

Place of Death, {Give street and Number.} [illegible] & Gallows Rd

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate), [illegible]

Duration of Last Sickness. 2 days

All the above information should be furnished to the Physician.

Place of Burial. Zion German United Cemetery

Date of Burial. 17th September

Undertaker Wm Hiccans

Place of Business 2[illegible] Aliceanna St

[illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1

Board of Health, City of Baltimore,

Permit No 69817 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, Sept 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Zerulla

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md since birth.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} # 196 S Kegeles St.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate),

Duration of Last Sickness, Four months

the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Sept. 17th 1883

Undertaker Henry Deems

Place of Business 52 Allicanna Ave, 1443 Alice Anna St.

John H Kehlenbrink M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 69818 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, Sept. 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Pittett M...

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 3 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Nil

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 S. Wolfe St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,) Dyspepsia

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept. 17. 1883.

Undertaker, M. A. Sayer

Place of Business, 74 S. Bway.

Albert Pritchett M. D.,
Medical Attendant.

Address, N. S. E. Run west of Central Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 69819 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David McDevitt

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* 26 *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 3646 Madison av [redacted]

Cause of Death, First (Primary). Mucous colitis & Hemiplegia

Second (Immediate). Convulsions

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial, Sept 17 1883

Undertaker John Hannah

Place of Business, 382 Orleans St *Address,* 54 Augusta av

Edward P. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 6982 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Fischer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 4 Weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 90 Little Montgomery st.

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill Cemetery

Date of Burial, Sept 17th

C. L. Buddenbohn M. D.

Medical Attendant.

Undertaker F. N. Troll & Bro.

Place of Business, #131 Hanover *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6982 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Denhardt

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, Forty Seven *Years,* Three *Months,* Two *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation Housekeeper ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and Number.} 64 Camden St

Cause of Death, First (Primary),

Second (Immediate). Congestion of the Lungs

Duration of Last Sickness, 48 hours

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Sept. 17th.

Undertaker F. N. Tull & Co.

Place of Business, 131 Hanover *Address,* 146 Hanover St

Woodward & Love M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 69822 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel J. Palmer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 27 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore, 3 mo. 27 days

Place of Death, {Give street and Number.} No 112 1/2 Raborg St.

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, Sept 17 1883

Undertaker H Davis

Place of Business, 95 Conway St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 N. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 6982 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Jones.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 22 *Years,* *Months,* *Days,*

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single.

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, { Give street and Number. } 95 Church St

Cause of Death, First (Primary). Phthisis

Second (Immediate). Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sarp. S. t. Cemetery

Date of Burial, September 18

Undertaker H Ross

Place of Business, 95 Conway St

W. S. Bonze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6982 4 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, Sept. 14: 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. E. Herbert

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 36 *Years,* 4 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 200 Clifton place

Cause of Death, First (Primary),

Second (Immediate) Valvular disease of Heart

Duration of Last Sickness, Three 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 17th 1883 E. E. Green M. D.

Medical Attendant.

Undertaker Chas Serivener

Place of Business, 271 Eutaw St *Address,* 379 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention [illegible] ... Blanks below, how to use of Physicians on back of [illegible]

25 **Board of Health, City of Baltimore,**

Permit No. 69826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Burton Faison.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina.

Duration of Residence in the City of Baltimore, Visit of a few days.

Place of Death, {Give street and number.} 196 Monroe Street.

Cause of Death, First (Primary,) Croup.

Second (Immediate,) do.

Duration of Last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Seaboard N.C. *Medical Attendant,* Harvey L. Byrd, *M. D.*

Date of Burial, Sep 17

Undertaker, [illegible] *Address* 127 N. Arlington Av.

Place of Business, 198 Pennsa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No 69826 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, September 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, ½ Months, Days,

Color,

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Union St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 24 Union St

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Mount St

Date of Burial, Sept 16th 1883 Alexander Tinsley M. D.

Undertaker Alex Hensley Medical Attendant.

Place of Business, 146 Howard St *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 69827 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Andrews

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

Date of Death, September 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Krauss

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ~~blank~~ *Months,* 10 *Days,*

Color, White

Married, Single, Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 24 Hill St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 17

Undertaker, B. Hark

Place of Business, 62 West J

E. R. Wiley MD M. D.,
Medical Attendant.

Address, 195 East Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69828 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hyson

Sex, ~~Male~~ *or Female.* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 54 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 17th

Undertaker B. Mud

Place of Business, 62 West St *Address,* 146 Hanover

Theodore Ort M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 69829 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Schmidt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~65 61~~ 61. *Years,* *Months.* 11 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Labourer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Albertshausen Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} Johnson Street 66.

Cause of Death, First (Primary), Concussion of Brain

Second (Immediate), Compression of Brain from Cerebral Hemorrhage

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alyssius [illegible]

Date of Burial, Sept 18

Undertaker B. Mark

Place of Business, 82 West St

Dr Roberts Cathedral [illegible]

H Stark. M. D.
Medical Attendant.

Address, 9 Brown St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 69830 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of F. J. Roberts

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months.* 1 hr *Days,*

Color, Ca

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 13 Jasper St

Cause of Death, First (Primary), ...

Second (Immediate), Prem Birth

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 18

Undertaker A Hensley

Place of Business .....

Geo. N. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 69831 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Thomas Mack

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 4 *Days,* 4

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and Number. } 62 E. Fulton Ave

Cause of Death, First (Primary), Convulsions

Second (Immediate).

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 17th 1883

Undertaker Wm S. Mackey

Place of Business, No 150 Camden St *Address,* 319 Hallin

James Bochy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 69832 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst F. G. Bathmann

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 63 *Years,* — *Months,* — *Days,*

Color, white.

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } ✓

Occupation, collector.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and Number. } No. 202 Hanover St

Cause of Death, First, (Primary,) Fatty degeneration of heart.

Second, (Immediate,) The same.

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. Sept. 18th 1883

Undertaker. Ernst Fahlbusch

Place of Business, 181 Shaft's [illegible]

Henry Walter M. D., Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 69833 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Oneil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 6 S. Courtland St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), [illegible]

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial St Mary cemetery

Date of Burial, Sept 18 1883

Undertaker Geo C. Byrne

Place of Business, 63 Penn

Signature J. J. Crim M. D. Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 69834 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis C Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 209 E. Bond St

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of the brain

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, Sept 18th 1883

Undertaker Geo Schilling

Place of Business, ...

Milton J Jay M. D

Medical Attendant.

Address, 138 E Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 69836 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sept. 13, 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Mason

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 158 York St. Infirmary

Cause of Death, First (Primary), ...

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shaft Cemetery

Date of Burial, Sept 14/83

Undertaker Goodwin's

Place of Business, 163 W St

C W Boze M. D.
Medical Attendant.

Address, 210 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 90.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel E. Daniettel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 24 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 360 E. Lombard Str.

Cause of Death {First, (Primary,) Diphtheria and Febris typhosa

Second, (Immediate,) Apoplexia.

Duration of last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 18th 1883

Undertaker, Henry H Bitzhid

Place of Business, 60 & 62 Broadway Address, 121 N. Broadway

Rob Author M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 69837 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Chase

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 4 *Months,* 12 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 S. Register St.

Cause of Death, First (Primary), Tuberculosis of the lungs,

Second (Immediate), asthenia

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Philpot Road

Date of Burial, Sept 19th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 11 Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 69838 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Salsbury

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 73 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 17

Undertaker W H Dungee

Place of Business,

Geo. H. Simon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 69839 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Johnson

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 14 Vincent alley

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 17

Undertaker W N Dupee

Place of Business,

Geo. W. Jones M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 6980 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emila C Hass

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All ihr Life

Place of Death, {Give street and Number.} 15 Alley Sh

Cause of Death, First (Primary),

Second (Immediate). Infantile Cockjaw

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Sept 18 83

Undertaker Amb Kay & Dorsey

Place of Business, No 263 Lombard St

Edward Coffe M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6988 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 18 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Septr 17. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Brooklander.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male.

Age, 3 *Years,* 8 *Months,* 15 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single.

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 80 Centre Market Space.

Cause of Death, { First, (Primary,) Pseudo-Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, German Reformed Cemetery

Date of Burial, Sept. 19 at 2 O'clock

{ *Undertaker,* J. Muller

{ *Place of Business,* 21 Harrison St

Jno. F. Powell. M. D.,
Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 6984 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} MD

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 15 Woodward Pl

Cause of Death, First (Primary), —

Second (Immediate), Brights Dis of Kidneys

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 18th 1883

Undertaker, G. Loaner Co

Place of Business, 538 W. Fayette St

Geo. D. Blake M. D.
Medical Attendant.

Address, 158 Preach St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69803 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A. O'Hara

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 258 N Haven St

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, A & A Co Md

Date of Burial, Sept 19th 1883

Undertaker, Denis Mitchell

Place of Business, 550 N Fayette St *Address,*

Geo H Taylor *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69847 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Miller Fowals

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Nea(1) Years, Four (4) Months, — — — Days,

Color, Colr

Married, Single, Widow or Widower, { Cross out the word not required in this line. } — — —

Occupation — — —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 167 Stirling St

Cause of Death, First (Primary), Scarlatina & Diphtheritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 18, 1883

Undertaker Henry Koepke

Place of Business, 309 Central Ave *Address,* Cor Eager & Carlin

C. W. Hicks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notice and to the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary J. Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99. Paca Ston St.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 19th 83

Undertaker, Hugh Kirwan

Place of Business, Park & Saratoga sts

A. J. Bell M. D.
Medical Attendant.

Address 234. Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 69846 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily A. Goulee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 72 Preston St

Cause of Death, First (Primary), Apoplexy & Paralysis 3 months

Second (Immediate), Apoplexy

Duration of Last Sickness, 60 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 19th 83

Undertaker, H. W. Ensor & Son

Place of Business, Park & Lanvale *Address,* 146 Hanover St

Theodore Ort M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69847 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Gomby

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 4 5 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Wash Woman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } 17 Campbell Al

Cause of Death, { First (Primary), Pericarditis

Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial Sharp St. Cemetery

Date of Burial, Sept 18th 1883

Undertaker Wm J Gray

Place of Business, 65 Mulberry St

C M Godson M. D.
Medical Attendant.

Address, 192 London Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69848 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17th of Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 30 years 6 mons

Place of Death, {Give street and Number.} N° 30 Myrtle Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 19th 83

Undertaker, W. Cartwright

Place of Business, 227 Lombard St

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

9

Board of Health, City of Baltimore

Permit No. 69849

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~George Arnold~~ Sept. 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Arnold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 23 Concord St.

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 23 Concord St.

Cause of Death, First, (Primary.) Ihr Colitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Sept 18 th

J. H. Moyer M.D.,

Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St *Address,* 1 S Exeter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 69850 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj P. Tate

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all of Life

Place of Death, {Give street and Number.} 258 Cross St

Cause of Death, First (Primary),

Second (Immediate). Meningitis (Tuberculus)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 18th

Undertaker F. N. Troll

Place of Business, #131 Hanover St

Keston Orth M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

C

Board of Health, City of Baltimore,

Permit No. 69857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883

CERTIFICATE OF DEATH.

Date of Death, September 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Babridge

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Carrollton Hotel Baltimore City

Cause of Death, First (Primary,)

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 6 week,

All the above information should be furnished by the Physician.

Place of Burial, Pittsburg Pa

Date of Burial, Sept 20th/83

J S Mackenzie M. D.
Medical Attendant.

Undertaker,

Place of Business, Address 67 Franklin St

STEWART & SONS
UNDERTAKERS,
55 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

// Board of Health, City of Baltimore,

Permit No. 69852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept: 17th: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Ireland

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto: County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 232 N. Howard st:

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Heart disease & Exhaustion

Duration of last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 19th 1883

W. B. Griffith M. D.
Medical Attendant.

Undertaker, STEWART & BOWEN UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 158 W Madison St:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health. City of Baltimore.

Permit No 69853 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1883

SEP 17 1 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McGrotten

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace. {State or country, and how long in the United States, if of foreign birth} City

Duration of Residence in the City of Baltimore, life time

Place of Death. {Give street and Number.} no. 4 S. Pat. Park ave

Cause of Death. First (Primary), Cancer of Rectum

Second (Immediate), Exhaustion

Duration of Last Sickness. 8 months

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cem.

Date of Burial, Sept. 19. 1883

Undertaker Wm H Heckman

Place of Business 234 N Gay St *Address,* *373 E. Balto. St.

E. L. Brus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 69864 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A. White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} # 46 S. Gilmor St.

Cause of Death, First, (Primary,) "Malarial Feber"

Second, (Immediate,)

Duration of Last Sickness, Ten Day

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va.

Date of Burial, Sept. 19th 1883

Jas. G. Linthicum M. D.,
Medical Attendant.

Undertaker, [illegible] Undertaker,

Place of Business, 707 W. BALTIMORE ST. *Address,* BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 69805 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Cadet

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, ...

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 234, McDonough n-

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 18 1883

Undertaker W. F. Bradley

Place of Business, 76 East Pr

Wm. L. Reed M. D.
Medical Attendant.

Address, 238 n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 69856 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Markle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 65 Elm Lane Dolphin Alley

Cause of Death, First (Primary).

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel St. Cemetery

Date of Burial, Sept 17 83

Undertaker Jos. Lowe

Place of Business, [illegible] *Address,* 210 Sharp St

W S Bunce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Hafford

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, Cabinet maker B. & O. R.R.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 645 W. Lombard St.

Cause of Death First, (Primary.) Organic Disease of Heart with

Second, (Immediate,) renal complication

Duration of last Sickness, About 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 18/83

Undertaker, JOSEPH B. COOK

Place of Business, [illegible]

I. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 6986 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Lee Trower

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 501. W Payette St

Cause of death, First, (Primary,) Marasmus.

Second, (Immediate,) " "

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 19th 1883

Undertaker, Geo H McCoy

Place of Business, 422 Fayette St

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W Payette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No 6985-9 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McKusick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* *Months,* *Days,*

Color, M

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} S E cor Eastern Av. & Albemarle St

Cause of Death, First (Primary), Heart Disease Supposed

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Sept 19

Undertaker G Ruchart

Place of Business,

Chas M. Moffit M. D.
Coroner E. D.
Medical Attendant.

Address, 69 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6986 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie McEvaine

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 17 *Years,* ~ *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death,
First (Primary). Pulmonary Consumption
Second (Immediate).

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 19th 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto

Edwd F. Michael M. D.
Medical Attendant.

Address, 283 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 69861 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 18- 83.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} margaret M Bunting

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and Number.} #53 North Pine St

Cause of Death, First (Primary),

Second (Immediate). old age.

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, Sept 20th 83

Undertaker Wm Cadogan

Place of Business, 227 Hanover

L. C. Howe. M. D.
Medical Attendant.

Address Mulberry & Cupola ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6986 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laretta P. Waibb.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 12. *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 57 N Pospleton St

Cause of Death {First, (Primary,) Ecjema Rubra

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Sept 19th 1883

Undertaker, Jno A McCoy

Place of Business, 422 Fayette St

Thos D Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 6986 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. September 17 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Moore

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age. 9 *Years.* *Months.* *Days.*

Color. Col

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} No 3 Chestnut St.

Cause of Death, First (Primary).

Second (Immediate). Marasmus

Duration of Last Sickness. 2 months

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. Sept 19 1883

Undertaker William A' Dugee

Place of Business 62 East St

H. D. Gray M. D.
Medical Attendant.

Address. 137 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 69767 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rena Hamis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8 Bruce's Court

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Sept 18 1883

Undertaker William H. Dugee

Place of Business, 62 East St

J. H. Robinson M. D.
Medical Attendant.

Address, 25 Green & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 6865 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidonia Stephens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 209 Raybery St-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} " " "

Cause of Death, First (Primary), Bronchitis

(This child was brought to the Dispensary on Aug 24 & was not seen back since the first Sept 1. It was then very ill with Bronchitis and died

Second (Immediate),

Duration of Last Sickness, about month Since June

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, Sept 18th 1883

Undertaker Wm A. Lunger

Place of Business, 62 East st *Address,* 157 Park ave.

W. D. Botkin, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 69866 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Sptbr 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Holzhausen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Music Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, West Baltimore Maryland 32 years

Place of Death, {Give street and Number.} 69 Pearl St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 19th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Frederick Address, 120 Pearl St.

P. H. Feldmann M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 6986 7 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Baader

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age about 21 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 Years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London park

Date of Burial, Sept 19th 83

Undertaker John L. Pauls

Place of Business, 66 Fred. Ave.

F West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 6986 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhemina Long

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year, 8 Mos Months, 26 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 S. Wolfe St

Cause of Death, First (Primary),

Second (Immediate) Gastritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept. 20th 83

Undertaker B. Healy

Place of Business, 82 West St

Geo. D. Blake M. D.
Medical Attendant.

Address, 108 S. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 6989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Buchman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 123 Battery ave

Cause of Death First, (Primary,) Malariae fever

Second, (Immediate,) Hooping Cough

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Septemb 19

Undertaker, B. Hurly

Place of Business, 82 West ...

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Bara...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore.

Permit No. 6978 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 19 2 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] Dowd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} [illegible]

Cause of Death, First (Primary), [illegible]

Second (Immediate), [illegible]

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept the 19

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6977 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizh a. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 117 E. Eden St.

Cause of Death, First, (Primary,) Paralysis -

Second, (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial. New Cathedral

Date of Burial. Sept 21st

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

J. W. Hook M. D.,
Medical Attendant.

Address, 95 E Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 6972 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Addela Cook

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, { Give street and Number. } # 395 N. Bond Street

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 20 1883

Undertaker Wm H. Hickman

Place of Business, 234 N Gay St.

O. S. Mabee M. D.
Medical Attendant.

Address, 136 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6953 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel C. Crane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and Number.} 133 Aisquith St.

Cause of Death, First (Primary),

Second (Immediate). Double Pneumonia

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 20" 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 95 Park av.

A. F. Eich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69874 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Homberg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, Cigarmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } W. 90 Albemarle st

Cause of Death, First, (Primary,) Phthisis Pulm.

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Evangelic Cem

Date of Burial, Sept. 19 1883

Undertaker, J. Bandy Son

Place of Business, 252 Canton Ave

L O Wintermute M. D., Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69875 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 90 N Elsone alley

Cause of Death, First (Primary),

Second (Immediate). Dysentery

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 17

Undertaker H Kane

Place of Business,

Geo. W. Dixon M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

DAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cowley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* *Days,*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 404 Eastern ave.

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 3 months.

All the above into matters should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 20th 83

George H. Cohen, M. D.
Medical Attendant.

Undertaker G. Pearce

Place of Business, Bank & Wolfe *Address,* 95 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6987 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rinaldo Schick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* 7 *Days,*

Color, W. F.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 yrs 5 mos

Place of Death, {Give street and Number.} 119 S. Exeter

Cause of Death, First (Primary), Typhoid malignant

Second (Immediate), Paralysis cardiac

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Sept. 19 1883

Undertaker G. Frame

Place of Business, Bauls & Wolfe *Address,* 245 S. Baltimore

J. Flathier *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 69878

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69878 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 88 Hillyard St

Cause of Death, First (Primary), Intestinal Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20th 1883

Undertaker J J Lobb

Place of Business, #13 Jefferson St.

G. F. Taylor *M. D.*
Medical Attendant.

Address, 234 N. Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillette Howard

Sex, ~~Male.~~ or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 21 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 3 mo 21 days

Place of Death, {Give street and number.} No 26 Haw St.

Cause of Death, {First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20. 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard st.

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 69880 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline D Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Return

Place of Death, {Give street and number.} No 15 — Morris alley

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2 1883

Undertaker, Samuel J Chase

Place of Business, 198 E Howard St

M K Warner *M. D.,*

Medical Attendant.

Address, Stroke Tower

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6988 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Foster

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* — *Months,* — *Days,*

Color B

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 345 N. Vincent Ave near Preston

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Pub Cem

Date of Burial, Sept 19/83

Undertaker G Rinderspacher

Place of Business, Leo Kinehan *Address,* Com. of Health

Wm. K. Bunson M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6982 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Epps (Supposed)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 22 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} County Wharf

Cause of Death. First (Primary), Accidentally Drowned (Supposed)

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E.D.

Date of Burial, Sept 19

Undertaker E. Ruckert

Place of Business,

Chas M. Morfit M. D.

Coroner E.C. ~~Medical Attendant.~~

Address, 67 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ... to the ... Book, and to List of Diseases on Back of this Certificate.

11

Permit No. 69883

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 1883

CERTIFICATE OF DEATH.

Date of Death, 18 Sept 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonisa Holland Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, ~~black~~ Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 20 Orchard Street

Cause of Death, First, (Primary.) Congestion of the Lungs

Second, (Immediate.) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Sep 20 1883

C B Gaunter M.D.,
Medical Attendant.

Undertaker, Alf Hendy

Place of Business, 16 Orchard *Address,* 57 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is especially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 6984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Miles.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Caroline St Bolis

Cause of Death, First, (Primary,) Anemia & Debility

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, Several weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 20th Sept 1883

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts

Harl. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Lee Stout

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 years 11 months.

Place of Death, {Give street and number.} Patapsco Park Av & Monument st

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Asphyxia

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery J. M. Cockrill M. D.

Date of Burial, Sept 20th 1883 Medical Attendant.

Undertaker, Hy W. Mears *Address* 340 E. Balto

Place of Business, 45 N. Gay St

Daughter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6856 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1893

CERTIFICATE OF DEATH.

Date of Death, Sept 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. & Annie Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 minutes *Days,*

Color, W

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 10 minutes

Place of Death, {Give street and Number.} 17 Fitteys St.

Cause of Death, First (Primary), Premature birth at the

Second (Immediate) 6th mth. of Gestation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 20

Undertaker Lee Roberts

Place of Business,

Robt. P. Ellis M. D.

Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Th? Special Attention of ... ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6988 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP. 20. 1883

CERTIFICATE OF DEATH.

Date of Death, Sep. 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 0 *Days,*

Color, wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 171 Preston St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Sept 21st 1883

Undertaker, Chas T Scriven.

Place of Business, 271 N Eutaw St

G Lane Dauphin M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 9889

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9889 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, ~~J. T. A. Emory~~ Sept 19

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~J. T. A. Emory~~

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ~~—~~ *Years,* 2 *Months,* 2 *Days,*

Color, ~~White~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 471 Mulberry

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 20th 1883

Undertaker Perry & Butler

Place of Business, 530 W Fayette St *Address,* 179 N Howard

Thos Opie M. D.
Medical Attendant.

Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69898 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie V. Hoop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — 15 *Years,* — 8 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 94 Gough St

Cause of Death, First, (Primary,) Malarial (Remittent) Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 21st 1883

Undertaker, Denny & Mitchell

Place of Business, 616 S Broadway *Address,*

A. B. Smith M. D.,
Medical Attendant.

Address, 51 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ck of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69891 — Office of Registrar of Vital Statistics. — Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

69891

CERTIFICATE OF DEATH.

SEP 20 1883

Date of Death, September 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Wagenwork

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Five (5) Years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary) Strangulated Inguinal Hernia

Second, (Immediate) General Peritonitis

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, September 19

Undertaker, S. Simon

Place of Business, 26 N. Eutaw St. *Address,* 26 N. Eutaw St.

S. W. Abbott M.D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Report of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69892 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 20 1893

Date of Death, Sept 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Degenfritz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, R. R. Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Pa.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 404 Fremont Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Sept 20 th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Fremont Ave

Silas M. Hendler M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Trans. 3051

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6958 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 20 1883

Date of Death, September 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Sellers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months.* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sheet Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and Number.} 311 Mulberry st

Cause of Death, First (Primary), Injuries received in a fight

Second (Immediate), Congestion of the Lungs.

Duration of Last Sickness, 5 Minutes —

All the above information should be furnished by the Physician.

Place of Burial, Wesleyan

Date of Burial, Sept 20 1883

Undertaker L Haus

Place of Business, 317 Mulberry

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69894 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Knock.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 — *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 22. Orleans St.

Cause of Death, First, (Primary,) Meningitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3. Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20 1883

Undertaker Wilcom & Dungee

Place of Business, 62 East St.

J. E. Heard. M. D.,
Medical Attendant.

Address, 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69795 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P Pennington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, One Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 129 Bolton St

Cause of Death, First (Primary), Prematurity (6½ months)

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Sept

Undertaker Slevar & Higgins

Place of Business,

J. H. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Rammurgell

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 11 ~~Months~~, Months, Days.

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 543 Harford ave

Cause of Death, First (Primary,) Dysentery.
Second (Immediate,) Exhaustion.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemtry.

Date of Burial, Septr. 21th 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anna St.

Aug. A. Edwell M. D.
Medical Attendant.

Address 551 Harford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 20 1883 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zacharias Swann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 Years, ____ Months, ____ Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Cor Bartlett & Ramsay Sts

Cause of Death, {First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 19

{Undertaker, T. Kerdiner

{Place of Business, Address 34 Columbia Avenue

T Edward Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificat setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the perso deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Balto Sept 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kraft

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Monument & Wallace Sts Cerebro Spinal Disease

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Sept. 29th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

C. G. Parker M.D.,

Medical Attendant.

Address, 208 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69899 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1899 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ Lenhart

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} Fountain Street

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Fair View United Cemetery

Date of Burial, 21st September

Undertaker, Wm. Nicolaus & Sons

Place of Business, 25 & Nicolaus Address, 1207 Fountain St

Alfred Shubert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 6996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6996 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Binding

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, W

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and Number.} # 6 Williamson st

Cause of Death, First (Primary). # {Senility — Feneral debility}

Second (Immediate). {of Nervous System}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 21 '85

Undertaker Henry Brisler

Place of Business, Hanover St 81

R. P. Ellis M. D.

Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69901 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur R. Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 57 Bantalee St

Cause of Death, — First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above Informationshould be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 22/83

Undertaker, J. B. Coton

Place of Business, 207 W. Balto St

J. G. Smithson M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6902

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6902 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Diffendaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Washington Road near Schutzen Park

Cause of Death, First (Primary),

Second (Immediate). Dropsy.

Duration of Last Sickness, Since 31 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sep. 21/83

H. L. Hein M. D.
Medical Attendant.

Undertaker

Place of Business, *Address,* 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69963 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 September 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Bauchaus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 11 *Years,* 2 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 7 Fremont Ave 97

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 22 September 1883

Undertaker George Limbach

Place of Business, 389 W Pratt St. *Address,* 224 N. Fayette Street

L. S. Brinkhaus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69904 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH BALTIMORE SEP 21 1883

Date of Death, Sept the 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dennis Ringold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 79 Jasper Street

Cause of Death, First (Primary), Sickly Born Marasmus

Second (Immediate), ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Sept 21st

Undertaker Wm J Gray

Place of Business, 65 Mulberry

Geo. H. Dunn M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69905 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Sam

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* one *Months,* 12 — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 333 Pine st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 333 Pine st.

Cause of Death, First, (Primary,) Unknown. via not seen child until it was dead. and from questions asked I can get no data to use a diagnosis

Second, (Immediate,)

Duration of Last Sickness, about twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 21st 1883

Undertaker, C. M. Chase

Place of Business, 198 Baltimore st

Truman F Kill. M. D.,
Medical Attendant.

Address, 17 N. Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6996 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 21 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine L. German

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 463 E. Chase St.

Cause of Death. First (Primary), Carcinoma of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 years & a half

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 23 d 1883

Undertaker Geo Schilling

Place of Business,

G. F. Taylor *M. D.*
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of I | This P | nvited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6997 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hassmetter,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 30 N. Spring St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Sept 23 1883

Undertaker,

Place of Business, 13 N Eden St

J. W. Hook M. D.,
Medical Attendant.

Address, 75 E. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69908 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 21 2 1883 HEALTH OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 6 a m 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Guy Holliday Chesley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 15 Months, 20 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 161 N. Mount St

Cause of Death, First, (Primary,) Pyaemia - Tabes Mesenterica

Second, (Immediate,) with Dentition.

Duration of Last Sickness, Total duration, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 22 83

Undertaker, Wm Weaver

Place of Business, 252 Mt St

A M Gaston M. D.,
Medical Attendant.

Residence,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Special Attention of Physicians to Rules and Regulations printed below, and to Extract on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69909 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1883

Date of Death, Sept 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dvorak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 43 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Horseman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and Number.} N. 101 Eastern Av.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cemetery

Date of Burial, Feb 22th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Dr. Duckworth M. D.,
Medical Attendant.

Address, 12 S. Eden, r

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69910 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Mackenzie

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 3 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 220 Columbia Ave

Cause of Death, { First, (Primary,) Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bayview

Date of Burial, Sept 22 /83.

Undertaker, Dio & Mackenzie

Place of Business, ...

E. P. Wells, M. D.,
Medical Attendant.

Address, 120 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6991

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 21 1883 BALTIMORE

Date of Death, Sept 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Lloyd Infant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 420 Chestnut St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1st days

All the above information should be furnished by the Physician.

Place of Burial, Shorter St Cemetery

Date of Burial, Sept 21 1883

Undertaker, William N Durgee

Place of Business, No 62 East St

James J Birch M.D.,
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

The Special Attention of Physicians is respectfully invited to the Remarks Below and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69912 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roderick Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N. West near Gay St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), (Dyphtheria)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, N. Emanuel Cem

Date of Burial, Sept. 22 1883

A R Arnold M. D.
Medical Attendant.

Undertaker Edam Fink

Place of Business, 461 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6993 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Schier

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Cooper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 145 Johnson st

Cause of Death, First (Primary). Heart disease (fatty degeneration)

Second (Immediate). Congestion of lungs & paralysis

Duration of Last Sickness, 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 23

Undertaker B. Hull

Place of Business, 42 West St

R. H. Ellis M. D.
Medical Attendant.

Address, 36 Eagle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CERTIFICATE OF DEATH.

(To be Retained by Physician.) 69914

Date of Death, Sept 20 1883

Name of Deceased, Frank Glover

Sex, Male ~~or Female~~,

Age, 4 mos.

Color, White

Occupation, —

Birthplace, Balt City

Duration of Residence in B. C., Life time

Place of Death, No. 6 Andrew St.

Cause of Death, First, (Primary,) Enter. Colitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Unknown

~~REMARKS.~~

E. B. Britton M.D.

5 1 Lot Andrew

Fr. Int. of Hunt Cattichet

St Alban's C

Sept 22

B. Hunt 82 West St

SEP 21 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69715 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Roan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 219 Baker av

Cause of Death, First, (Primary,) Lienis Marcenbrum

Second, (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, September 21

Undertaker, H. Hart

Place of Business, 82 West ll

O. A. Cook M. D.,
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, # 70 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 173 Druid St.

Cause of Death { First, (Primary,) Paralysis
, { Second, (Immediate,) "

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept. 23rd 1883

{ *Undertaker,* W. W. Madden
{ *Place of Business,* 46 East St

I. Chew. Worthington M. D.
Medical Attendant.

Address, 370 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6921 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Montague

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 20 Mader St.

Cause of Death, First (Primary), Pthisis Pulmonalis

Second (Immediate). & Exhaustion

Duration of Last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 23 1883

Undertaker C A Barman

Place of Business, 38 Ensor St *Address,* 15½ Gravel, A. C.

J. Robertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69918

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Steven Herron

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore ~~S. Spring Street~~

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 S. Spring Street,

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Thirteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 21st

Undertaker, Chas A White

Place of Business, 35 Granby St

John A Schultz, M.D.,
Medical Attendant.

Address, 2 E Lan. Lane & Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69919 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fatch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Selling fruits on the street

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 202 Sterling street

Cause of Death, First, (Primary,) Malarial fever —

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cy

Date of Burial, Sept 22d 1883

Undertaker, Henry Hoerle

Place of Business, 307 N Eutaw St

Daniel V. Moyer M. D., Medical Attendant.

Address, # 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6992 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Feger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 55 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 6 Philpot Alley

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, Sept 23d 1883

Undertaker J Henry Meyer

Place of Business, 304 N Eutaw *Address,* 3 N Eutaw

P. J. Daud M. D.
Medical Attendant.

SEP 22 1883 BOARD OF HEALTH BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Howard E Norris Sept 21 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Norris.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Md U S

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 309 Chappel St.

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.) Coma

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep 22 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 & 1. Gay St.

Thos J Simms M. D.
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6992 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Washington

Sex, ~~Male~~ or *Female.* { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } # 8 State St.

Duration of Residence in the City of Baltimore Lifetime

Place of Death, { Give street and Number. } # 8 State St.

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Sept 22 1883

Undertaker Wm J Gray

Place of Business 63 Mulberry

Woman's Medical College of Balto

#1267 E. Eutaw St — M. D.

Medical Attendant.

Address, 1 yr 1 M

Attended Phthisis Pulm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6991 3 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Donohue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 62 McMechen St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 McMechen St

Cause of Death, First (Primary), Imperfect Circulation

Second (Immediate), Heart disease

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte

Date of Burial, Sept 22

Undertaker C. H. Blizard

Place of Business, 198 Pratt

Alexander Insley M. D.

Medical Attendant.

Address, Mercer above Pa Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 69724 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Howard Burrier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 14 E 191 E Pratt

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup membranous

Duration of Last Sickness, One [illegible] two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 23, 83

Undertaker, [illegible]

Place of Business, 166 E Pratt St

L Oldwurmire M. D.,
Medical Attendant.

Address, 125 E Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 69925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Six *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Bethel Row near Saratoga St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) apnoea

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept. 22. 1883

Undertaker, B. M. Chase

Place of Business, 198 S. Howard St. *Address,* 125 N. Charles St.

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69926 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 St James St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lawrence

Date of Burial, Sept 21 1883

Undertaker, G W Chase

Place of Business, 190 Harwood Av

Silas H Hunter M. D., Medical Attendant.

Address 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69927 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty two *Years,* ... *Months,* ... *Days,*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~No 6 Lt. Calhoun St~~ Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carlin Shire Md

Duration of Residence in the City of Baltimore, about five years

Place of Death, {Give street and Number.} No 6 Lt Calhoun St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, West Pub County

Date of Burial, Sept 19/1883

Undertaker, Fred Kirchner

Place of Business, 129 N Arlington Ave

A C Pole M. D.,

Medical Attendant.

Residence, 1101 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 4775

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69928 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Quincy Adams Burdette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 0 (?) *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, Six weeks.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Epithelioma Oesophagus

Second (Immediate), Septicaemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Comty

Date of Burial, Sept 18/1883

Undertaker Fred A Koehnes

Place of Business, 129 N. Arlington Ave

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69929 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Perry

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months.* — *Days,*

Color, C

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 1811 E. Baltimore St.

Cause of Death, First (Primary), 1. Phthisis Pulmonalis

Second (Immediate), 2.

3.

Duration of Last Sickness, abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~C~~ C

Date of Burial, Sept 21

Undertaker C Rueckert

Place of Business,

Ed M. Woods M. D.
Coroner & Ex-officio Medical Attendant.

Address, 69 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

13

Permit No. 6979 80

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 22 1883 BALTIMORE

Date of Death, Sept. 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. L. Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 20 *Days.*

Color, Color

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} # 94 Parkin St.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 23rd 1883

Undertaker, Wm Tickner

Place of Business, 65 S Eutaw

R. C. Smith, *M.D.,*

Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6995 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha V Steward

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* 2 mos *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 81 N. Amity St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22 1883

Undertaker William M Dugee

Place of Business, 62 East St

Geo. H. Davis M. D.
Medical Attendant.

Address, 234 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter Directed on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69932 — *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ezra Douglas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 *Years,* 10 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 249 E. Biddle Street

Cause of Death, First (Primary) Melancholia

Second (Immediate) Phthisis Colliquativa laboring Source Luxus delusions (Took Opium & Strychnine)

Duration of Last Sickness, Four (4) years

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Lutheran Cemetery

Date of Burial, Sept 24th

Undertaker Geo. Schilling

Place of Business, Ashland & Eager Sts

E. E. Cook M. D.
Medical Attendant.

Address 1885

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69933 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Fabiel

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 119 S. Exeter St.

Cause of Death, First (Primary). Diphtheria malignant

Second (Immediate). Exhaustion consecutive

Duration of Last Sickness, 6 days

All the above information must be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Sept. 22nd 93

Undertaker G. France

Place of Business, 19 Paul & Mill *Address,* 245 S. Baltimore

J. Feathers M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 69934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas A Colbert.

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Police officer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 34 N. Wolfe St

Cause of Death, First (Primary,) Intermittent fever.

Second (Immediate,) Gastric fever.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, F. Frances Balto Cem

Date of Burial, Sept 24-2 P.M.

J. M. Coskill M. D.
Medical Attendant.

Undertaker, G. Frances

Place of Business, Wolfe st Bank *Address* 340 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69965 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Griefe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 55 E Paca St

Cause of Death. First (Primary). Acute Pulmonary Tuberculosis

Second (Immediate).

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 23rd 1883

Undertaker John D. Maiden

Place of Business, 1650 Canton

I H Currey M. D.
Medical Attendant.

Address, 76 E Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No 69906

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69936 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Brennan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and Number.} 19 Sterett St

Cause of Death, First (Primary), Consumption

Second (Immediate). X D.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 24 1883

Undertaker Wm. H. Ladd

Place of Business, 227 W. Baltimore St

James Bacon M. D.
Medical Attendant.

Cor Arlington ave and Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 60937 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 22 / 83

Full Name of Deceased. { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hammond Lemm

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months.* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Slater

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sepbr 22 83

Undertaker H. B. Sanger & Son

Place of Business, 262 Madison Ave *Address,* City Hospital

J. F. Blelack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 7960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69938 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred L. Evans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 217 Eighth St.

Cause of Death, First (Primary). Chronic Bright's Disease of Kidneys

Second (Immediate).

Duration of Last Sickness, To my knowledge one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 23 1883

Undertaker Wm H. Hickman

Place of Business, 234 W. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69935 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and Number.} Saint Josephs Hospital

Cause of Death, First, (Primary,) Dysentery Acute

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Sept 23/83

Undertaker, A D Schultheis

Place of Business,

Walter Wyman M. D.,
Medical Attendant.

Address, St Js Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69920 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September the 21th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} the infant of Adam and Wilhelmine Ludwig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life Time

Place of Death, {Give street and Number.} 58 Ladenhall St.

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 22

Undertaker Henry Baile

Place of Business, Henry St. No 94

Wm. H. Denison M. D.

~~Medical Attendant~~

Address, Bd of Health

SEP 22 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69971 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21 st - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leon Hughes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 8 *Years,* ~~Months~~, ~~Days~~,

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death. { Give street and Number. } No 185 S Carolina st

Cause of Death, First (Primary), Meningitis

Second (Immediate).

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 23

Undertaker A Diegel

Place of Business, 167 E Baltimore

Thomas R. Evans M. D.
Medical Attendant.

Address, 11 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6922 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 22 1883

Date of Death, Sept. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 205 N. Chester St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Annex

Date of Burial, Sep. 22/83

Undertaker, N. S. Curran

Place of Business, 53 N Broadway

James F. McShane M. D., Medical Attendant.

Address, 47 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of P ...spectfully Le Ren to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64943 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Frey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 72 N Carey st

Cause of death, First, (Primary,) Gastralgia followed by Endocardial or Aortic trouble

Second, (Immediate,) Pulmonary Congestion & Spasm

Duration of Last Sickness, Say 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Temple Cemetery

Date of Burial, Sept 23

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt.

Robt H. Mifflin M. D.,

Medical Attendant.

Address, 188 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69744 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Zelenka

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, white

~~Married~~ *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 44 Barnes St.

Cause of Death, First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cimitery

Date of Burial, 23 of Septem.

Undertaker First and Erath

Place of Business, Hall, corner Johnson East *Address,* 27

A. F. Ezell M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to Remarks Below, and to List of Infectious Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6997 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Vincent Martinek

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } 45 n. Chapel h

Cause of Death. First (Primary), Typho Malarial Fever

Second (Immediate),

Duration of Last Sickness, 6 weeks

the above info mation should be furnished by the Physician.

Place of Burial, Catholic cimitary

Date of Burial, 23 of September

Undertaker Fort & Coach Co

Place of Business, W corner Eutaw & Saratoga

W. L. Russell M. D.
Medical Attendant.

Address, 238 n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69946 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Lipp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 28 yrs in America

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} St. Josephs Hospital

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 24 1883

Undertaker, Henry Sloyd

Place of Business, 7 Eutaw Pl

Edward Hoskins M. D., Medical Attendant.

Address, 188 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

No. 69947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69947 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Russell

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Germany~~ Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, West Sub Cemty

Date of Burial, Sept 20/1883

Undertaker Fred'k Cochrane

Place of Business 129 N. Eden [illegible] *Address,* University Hospital

W. E. [illegible] M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 69945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69945 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Simpson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

Duration of Last Sickness, 2 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemetery.

Date of Burial, Sept. 20th, 1883.

Undertaker Fred C. Kuchman

Place of Business 129 N. Arlington Ave. *Address,* University Hospital

WEST M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69979 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hess.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary),

Second (Immediate). Ruptured Kidney.

Several Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Comit

Date of Burial, Sept 17 / 83

Undertaker Fred'k Ackerman

Place of Business, 129 S. Arlington Ave

Alexander Tinsley M. D.

~~Medical Attendant.~~

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permits for Burials, to the Ch...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6996 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Doubrenell

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 Argyle Av.

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 3 days.

All the above info mation should be furnished by the Physician.

Place of Burial, Gaudon Park Cemby

Date of Burial, Sept 22.

Undertaker A Bohde

Place of Business, 48 Penn Ave.

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 69951

Office of Registrar of Vital Statistics.

SEP 22 1893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22/93

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria D Brooks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 24

Undertaker, [illegible]

Place of Business,

T. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Offic... issued, etc.

No. 69962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 69962 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Emma Kennard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days,

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 164 N. Washington St.

Cause of Death, First (Primary), Gastric ulcer

Second (Immediate), Haemorrhage ~~Hemorrhage~~ ~~infarction~~

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 23. 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

G. Glanville Luck M. D.
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 69963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

22 SEP 83 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Owings

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 yr 8 Mo

Place of Death, {Give street and number.} No 84 Dover St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery. T Edward Kirby M. D.

Medical Attendant.

Date of Burial, Sept 22 1883

Undertaker, H Ross *Address* 24 Columbia Av

Place of Business, 95 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

No. 69964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69964 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1883 3.30 pm

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Mrs Julia McElroy

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 90 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Midwife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland Long time

Duration of Residence in the City of Baltimore 35 yrs

Place of Death, { Give street and Number. } 5 Fawcett St

Cause of Death, First, (Primary,) Syncope

Second, (Immediate,) Hemorrhage Carcinoma Uteri

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Sept 22 83

Undertaker, Martin Fahey

Place of Business, 128 Greenmount Ave

W. S. Keirle M. D.,

Medical Attendant.

Address, 614 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69961 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelia Charlotte Gaddert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 10 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 264 E Baltimore St

Cause of Death, First (Primary), —

Second (Immediate). Marasmus

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 24th 1883

Undertaker John Lake

Place of Business, 166 E Balt St.

Jno A Benzinger M. D.
Medical Attendant.

Address, Cor Bdy & Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6996 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin ~~Smith~~ Earle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} 223 Down

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 23 1883

Undertaker H Bass

Place of Business, 72 Lexington

Ellis Mitchum *M. D.*
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Permit No. 6995

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co, Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 50 Scheltron Lo

Cause of Death, First, (Primary.) Bright disease

Second, (Immediate.)

Duration of Last Sickness, 3 or 8 yrs

All the above information should be furnished by the Physician.

Place of Burial, Stemmen Run

Date of Burial, Sept 24th 83

Undertaker, Armstrong & Co

Place of Business, 213 Light *Address,*

M.D.,

Medical Attendant.

HEALTH DEPARTMENT SEP 1893 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 69958

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Russell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 125 Dover St.

Cause of Death. First, (Primary.) Congestion

Second, (Immediate.) Intermittent

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cem'y

Date of Burial, 21st Sept 1883

Undertaker, ~~Geo W.~~ Perkins as-

Place of Business, ~~Baltimore,~~ 217 Hanover

R. C. Smith M.D.,

Medical Attendant.

Address, # 106 Columbia

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 6995 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st. 11 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give street and Number.} 133 S. Regester

Cause of Death, First (Primary). Old age

Second (Immediate). Dropsy

...ration of Last Sickness,

the above information should be furnished by the Physician.

... of Burial, St. Patricks Cem

... Burial, Sept. 24. 1883

...ker M. A. Dwyer

...Business, 74 S. Bury

James E. Dunkle M. D.
Medical Attendant.

Address, 711 E. Balt. St.

...Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

... further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ... during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...h, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...ths and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Office of Registration of Vital Statistics, Ward

Permit No.

69960 Certificate of Death

Baltimore Sept 22 1883

Sept 22. 1883

Ann Levi

Female

Age: 3 mos. 3 days

White

Birth place, Baltimore City

Since Birth

25 Douglas St

Cause of Death Marasmus.

Duration of last Sickness, Since Birth

John M. Conran Jno.

Attended physician or Nurse

H. E. Dickey

Hannover St

& Ahrends

date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69961 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph F Cavenaugh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Owner of Carts &c

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Entire Life time

Place of Death, { Give street and Number. } NWor Forest & Douglass st

Cause of Death, First, (Primary,) Typho-Malarial fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 23 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D. M. Cathell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health. City of Baltimore,

Permit No. 69962. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Anderson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 15 *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore 1

Duration of Residence in the City of Baltimore, 2 yr 1 mo 15 d

Place of Death, {Give street and Number.} 21 Vincent Alley

Cause of Death, First, (Primary.) Measles.

Second, (Immediate.) Retrocession of Eruption. Causing paralysis of heart.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Sept 23 1883

Undertaker, William Burger

Place of Business, 62 East St

H. Wright M. D., Medical Attendant.

Address, 55 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Woodside

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number} 58 E. Pratt St.

Cause of Death First, (Primary.) Paralysis

Second, (Immediate,) General Debility

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Sept. 24 1883

Undertaker, Thos S Hughes

Place of Business, 60 E. Balto St.

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69964 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Ann Morton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Two *Years,* One *Months.* Eighteen *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Orleans

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and Number.} No. 361 Druid Hill avenue

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, Sept 24th 1883

Undertaker H. W. Jenkins & Son

Place of Business, Park & Saratoga

Wm. H. Clendenin M. D.
Medical Attendant.

Address, No. 107 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permits for Burials, to the Office ... Sexton ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69965 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

Date of Death, Sept 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert A Hopsley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 24 Bryson Ah

Cause of Death — First (Primary). Fall (30 ft Elevator)

Second (Immediate). Fractur Base of Skull

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 24 September Geo D Blake M. D.

{*Undertaker* John P. Paul's} Medical Attendant.

{*Place of Business* #66 Fred. Ave *Address,* 158 Lucas Pl}

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69966 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

Date of Death, Sept. 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Moran

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Salesman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 16 Years.

Place of Death, {Give street and Number.} 382 N Gilmor St

Cause of Death, First, (Primary,) Continued Fever

Second, (Immediate,) Hemorhage of bowels

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 24th 1883

Undertaker, G. E. Boughstead

Place of Business, 320 Gilmor Ave *Address,*

Geo. H. Keyser Prof 2nd Chair M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials to the C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6996 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

Date of Death, Sept. 23, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. S. Wollen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 19 N. Arlington ave

Cause of Death, First, (Primary,) "Malarial Fever" and

Second, (Immediate,) Diabetes

Duration of Last Sickness, Several weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept 25th 1883

Undertaker, Joseph R. Cole

Place of Business, 707 W. Baltimore St. City *Address,* 584 W. Baltimore St

Jno. G. Smithcamm, D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69968 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 5 - 5:45 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Hackman

Male

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* ——— *Days,*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} No. 32 Forsyth St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, Sept 24th 1883

Undertaker Joseph B. Cook

Place of Business, 217 W. Baltimore St. City

Louis Goldsmith M. D.
Medical Attendant.

Address, Cor. Alemeda Ave & Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 9969 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas William Allnutt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Thirty Two~~ (32) *Years,* Six (6) *Months,* Twelve (12) *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and Number.} 296 Stollins Street

Cause of Death, First, (Primary,) Bright Disease

Second, (Immediate,) Uraemia

Duration of Last Sickness, Nineteen (19) Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sep. 24/83

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St.

J. H. Baden M. D.,
Medical Attendant.

Address, 244 N. Carey Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 69970

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 24 1883

Date of Death, Sept 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Turpin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 149 Franklin St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept. 25.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* 89 N. Green St

W. D. Keyser M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence Issued, Saturday of each week.

No. 7771

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69971 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Dissel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 206 S Bethel St,

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate).

Duration of Last Sickness, Twelve days

the above Information should be furnished by the Physician.

Place of Burial, Alfonsus Grave yard

Date of Burial, September 24 - 2 o'clock PM

Undertaker John Brown

Place of Business, 224. S. Bethel St *Address,* 248 Alice Anne St,

John H. Kelbaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office of

No. 69972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69972 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1883 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lindley H. Maitland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 23 /83

Undertaker C H Blizzard

Place of Business, 198 Pennsylvania Ave

Edwd F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, in the Office whence issued, [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69973 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert J. Gittings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 283 E. Madison St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Toxaemia

Duration of Last Sickness, 5 days.

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24. 1883

Undertaker Wm H Mickman

Place of Business 234 N. Gay St

C. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued Saturday of each

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Permit No. 69974

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept.r 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Hancock

Sex, ~~Male or,~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 48 *Years,* 11 *Months,* 18 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married.

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Connersville Ind.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 78 N. Carrollton Ave.

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.) Cerebral Effusion.

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 25th 1883

Undertaker, Lenny & Butchs

Place of Business, 68 S Broadway

Jno F Powell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

over

Permits for Burials, to the Office [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6995 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelmina Feldner

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, — *Years,* 6 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 301 McElderry St

Cause of Death, First (Primary). Diphtheria

— —

Second (Immediate). Paralysis cardiac

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept 16, 1883

Undertaker Rainey Dertil

Place of Business, 135 E Pratt

J Parkes M. D.
Medical Attendant

Address, 218 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office where issued, Baltimore [illegible]

Vol. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69976 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~Printer~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 246 Columbia Ave

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 26th 1883

Undertaker J. H. Kelly

Place of Business, 224 W. Fayette St

[illegible] Horton Cole M. D.
Medical Attendant.

Address, 146 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials in the C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Permit No. 6997

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Homer Woods

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* ✓ Four *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 332 N. Howard St.

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and number.} 332 N. Howard St.

Cause of Death, First, (Primary.) Donation

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 24th

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

E. Gingling, M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th: Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69078 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Damalg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bull.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 202 Montgomery

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 24th 1883

Undertaker, Wm Fuller

Place of Business, 263 Light

H. M. Welch, M. D.,
Medical Attendant.

Address, 57 Bass

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 69979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzy King

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 17 *Months,* 6 *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md "

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} Patterson Park & Eastern St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate) Asphyxia

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept. 24th 1883

M. D.

Medical Attendant.

Undertaker, H. Sander & son

Place of Business, 352 Eastern ave *Address* 340 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who, in case of, and by his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Office Hours [illegible]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6998 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Apple,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 34 N. Chapple St.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 25. 1883

G. Glanville Lee M. D.
Medical Attendant.

Undertaker Henry Bein

Place of Business 252 Aliceanna *Address,* Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Undertakers

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 69781

Board of Health, City of Baltimore.

Permit No. 69781 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 24 1883 BALTIMORE

Date of Death, Sept 23d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give street and Number. } 129½ S. Spring St

Cause of Death, First (Primary), Phthisis Pulmonales

Second (Immediate), ...

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 24th

Undertaker H. Meyer

Place of Business, ...

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

...rmits for Burials, to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69082 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Krummeck

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 190 S. Dallas St.

Cause of Death, First (Primary). Trismus Nascentium

Second (Immediate). .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 24th

Undertaker H. Leipsic

Place of Business, ...

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and cor... record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person s... in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the c... under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the ... certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials to be Office whence issued

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69983 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick Sodder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, four *Years,* — *Months,* eight *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 457 Saratoga St

Cause of death, First, (Primary,) Malarial fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon

Date of Burial, Sept 25th

Undertaker, T Evans

Place of Business,

J. McS. Jordan M. D.,
Medical Attendant.

Address, 322 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Permits for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69984

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 24 1883

Date of Death, Sept 23rd 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Ellen Berry.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Twenty five~~ *Years,* Nine *Months,* Twenty Three *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Twenty Five yrs

Place of Death, { Give street and number. } 104 Ridgely St.

Cause of Death, { First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet (Olivet) Cemetery

Date of Burial, Sept 25th 1883

Undertaker, Solon S. Meacham

Place of Business, No 150 Camden

R. M. Belt. M.D.,
Medical Attendant.

Address, 210 N. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit for Burial in the Of[illegible] Cemetery

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes. Huntz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number} 200 E. Baltimore St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M.t Carmel

Date of Burial, Sept 24 1883 Wm N. Hill M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hanover *Address,* 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the Office. No. 69986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69986 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Constable

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 52 Albemarle St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Pulmonary Hemorrhage

Duration of Last Sickness, several Months

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, Sept 24 1883

A Lregg Shertzer M. D.
Medical Attendant.

Undertaker Jas O Byrne

Place of Business, 63 Thames Address, 11 S. Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office whence issued Saturday of each

No. 69957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69957 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Fuster

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 49 Hillen St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Sept 24th

Undertaker H. C. Wiedefeld

Place of Business, 60 Guilford Ave *Address,* 52 Maynard St

Edward P. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 69988

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Patrick Fryer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 75 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of Last Sickness, three days

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 25th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,*

J. M. Brooke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office [illegible]

The Special Attention of F[illegible]s is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9th Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 69989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Elizth Gill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* 9 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte. city

Duration of Residence in the City of Baltimore, 15 years & 9 mo.

Place of Death, {Give street and number} 56 S. Sharp

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 24th 1883

R. C. Lee M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* Hanover Bass

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69993 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Weller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore During life

Place of Death, {Give street and Number.} 9 Pearl St

Cause of Death, First (Primary), Croup.

Second (Immediate),

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 25

Undertaker Geo. Leinbach

Place of Business, 389 W. Fait St

L. G. Keller M. D.
Medical Attendant.

Address, 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries to keep ... Permits ... ed, Saturday of ... 188...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 6999 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7ber 23th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 76 *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor: Preston and Valley Sts

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Dropsy

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, 7ber 25 1883

Undertaker, Geo Hoch

Place of Business, 39 & 41 Eutaw St

Jn. Brooke Roche M. D.,
Medical Attendant.

Address, ...

SEP 24 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial to the Office whence issued. See

No. 69992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69992 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 5 West alley

Cause of Death, First (Primary). Inanition

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Sept 25 1883

Undertaker Henry Hoerle

Place of Business, 309 N Eutaw St *Address,*

Jno. Booth Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69903. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Stirling

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Do not Know

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 24 Boyd St.

Cause of Death, First, (Primary.) Do not Know. Was in a Comatose State when I was called on the 22d inst.

Second, (Immediate.)

Duration of Last Sickness, about 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 24th 1883

Undertaker, Wm. J Gray

Place of Business, 65 Mulberry

H. W. Weber M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore

Permits for Burial at the Office whence issued Saturday of each week

The Special Attention of Physicians is Respectfully Invited to Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62794 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mazzie Matthews

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 1 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore / since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 352 William St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion & Collapse

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, September 25

Undertaker, B. Hall

Place of Business, 62 West St.

Scott Smith M. D.,
Medical Attendant.

Address, 238 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make re
Permits for Burials, to the C[illegible]

No. 69995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69995 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Burns

Sex, Male or Female. { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months.* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death. { Give street and Number. } .....

Cause of Death, { First (Primary), ... Second (Immediate), ... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, September 25th

Undertaker Cookman, Evans

Place of Business, Eager St. Valley

..... M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries to Deliver Permits for Burials, to the Office whence issued, Saturday of each week. No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20

Permit No. 69996

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, —— *Years,* Seven *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 1 Hilmore alley

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 24

Undertaker, Buchanan

Place of Business, ——

W. D. Small M.D.,
Medical Attendant.
Balto. Hom. Dispensary

Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 6999 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23d September 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Caldwell;

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy five Years, Months, Days,

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Maryland.

Duration of Residence in the City of Baltimore, Forty Eight (58.) Years.

Place of Death, {Give street and Number.} # 53. N Stricker St. Balto.

Cause of Death, First, (Primary,) Cerebral Effusion.

Second, (Immediate,) Paralysis.

Duration of Last Sickness, about nine months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 25th

Undertaker D Emory Hitchcock

Place of Business, 330 W Fayette St

McClean Bibbins M. D., Medical Attendant.

Address, 7. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of [illegible]

Permits for Burials, to the Office whence issued [illegible] each —

No. 69998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 69998 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James R Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 12 *Years,* 9 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation ~~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbott Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } * 305 N. Bond st

Cause of Death, First (Primary), Catarrhal Croup

Second (Immediate), Oedema of Glottis

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Bury Grd

Date of Burial, Sept 25/1883

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker John Lake

Place of Business, 166 E Balto st *Address,* * 305 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 69999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 69999 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McFarland

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* 14 *Days,*

Color, W.

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation Gardener

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 146 N. Gay St.

Cause of Death, First (Primary), Heart disease & Nephritis

Second (Immediate),

Duration of Last Sickness, unknown. been under observation about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Sept 25th 1883

Undertaker Geo. Shilling

Place of Business, Asquith & Boorman *Address,* 1 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

week [illegible]

The Special Attention of Phy[illegible] Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 24000 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] 1883

CERTIFICATE OF DEATH.

Date of Death. September 24th 1883

Full Name of Deceased. (Write legibly and spell correctly. If an Infant not named, give names of parents.) Ida D. Henry.

Sex, ~~Male or~~ *Female.* (Cross out the word not required in this line.)

Age. ..... *Years.* 7 *Months.* 21 *Days.*

Color. White

~~*Married.*~~ *Single.* ~~*Widow or Widower.*~~ (Cross out the word not required in this line.)

Occupation .....

Birthplace. (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. (Give street and Number.) 445 N. Gay St.

Cause of Death. First (Primary) .....

Second (Immediate) Pneumonia

Duration of Last Sickness. 14 Days.

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial. Sept 27th 1883

Undertaker John W Gaston

Place of Business. Gay St. Baltimore Address. 137 Orleans St.

C. F. Grupe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Permits Burial ... the Cemeteries ... Saturdays ... each week. No. 7001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No, 7001 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883

CERTIFICATE OF DEATH.

Date of Death, September 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith 16 Haywood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 131 S Chapel St

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, one day

All the above information should be supplied by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Sept 25th 83

Undertaker G D Francy

Place of Business, Paint & Mott *Address,* 209 [illegible]

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials,

No. 7002

The Special Attention of P[illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

This Per[illegible]

Board of Health, City of Baltimore,

Permit No. 7002 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ropka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Maryland)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 56 Elliott St (Canton)

Cause of Death, First (Primary). Enteritis

Second (Immediate).

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, Sept 25th 83

Undertaker G. France

Place of Business, Penn & Wolfe *Address,*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 7883

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7883 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Young

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 23 *Months,* —— *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1 Wolfnew Key St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, Emanuel Cem

Date of Burial, Sept. 25 1883 A R Elwood M. D.

Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N Gay *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Permits for Burials, to the Office where issued Sundays excepted, each week, to the Remarks Below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 70004

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Smith.

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 70+ *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Mary's Street 67

Cause of Death, { First, (Primary.) Heart Disease / Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 24th 1883

{ *Undertaker,* M J Jordan
{ *Place of Business,* 53 Park Ave,

Robt. L. Wilson M.D.,
Medical Attendant.

Address, 146 Park ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it farther enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit ... Certificate ... No. 70005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70005 *Office of Registrar of Vital Statistics.* Ward. 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kessel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, (illegible) *Years,* 7 *Months.* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 99 S. Duncan alley

Cause of Death, First (Primary). Convulsions from teething

Second (Immediate). (Supposed) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 25 1883

Undertaker John Hennessy

Place of Business, 382 Aisquith St *Address,* 67 E Balto St

Chas M. Moffit M. D.
Medical Attendant.
Coroner & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued Saturday of each week. No. 7006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7006 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 23 1883

CERTIFICATE OF DEATH.

Date of Death, September 22, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna D. Hazen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* 18 *Days,*

~~Color~~,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 99 W. Eldery Lt.

Cause of Death, First, (Primary,) Scarlatina 4 days since, followed by Otorrhoea, Meningitis result of Aural

Second, (Immediate,) disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Sept 25 1883

Undertaker, John Hennig

Place of Business, 582 Orleans

E. N. White M. D.,
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7000 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar D. Journey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 3 ~~Years~~ *Months,* ~~Months~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 211 Montgomery St.

Cause of Death, First (Primary), Phthisis Pulmonum

Second (Immediate), Apnoea

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 25/83

Undertaker Armstrong Bros

Place of Business, 243 Light

W. E. H. Barclay M. D.
Medical Attendant.

Address, 47 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7008 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Hontz

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* 3 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} No 6605 Charles St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park.

Date of Burial. Sept 26th 1883

Undertaker, Julius Koehler

Place of Business, Knapp & Cross. *Address,* 151 Hanover St

J. C. Burch M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 7009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7009 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23 rd 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Meyers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 9 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 388 West. n.

Cause of Death, First (Primary), Meningitis

Second (Immediate), —

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 25 th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 166 S. Broad

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued ... No. 6010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70070 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ... 3 *Months,* ... 13 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 230 Bruce st

Cause of Death, First (Primary). Dentition

Second (Immediate). Hydrocephalus

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe st cemetery

Date of Burial, Sept 26 1883

Undertaker William A Dinger

Place of Business, No 62 East st

J. N. J. Enslow M. D.
Medical Attendant.

Address, 394 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 10811

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7011 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883

CERTIFICATE OF DEATH.

Date of Death, September 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Scott

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* ..... 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 808 Parish St

Cause of Death, First (Primary). Congestion of lungs

Second (Immediate). Inflammation of throat & windpipe

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 27 1883

Undertaker William Donegan

Place of Business No 62 East St

J. W. J. Taylor — M. D.
Medical Attendant.

Address, 394 Fawn St city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued Saturday of each week. 10112

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10012 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Diel

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 60 *Years,* 5 *Months,* 20 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Baden Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 183 Columbia Ave

Cause of Death, First, (Primary,) Heart-Disease

Second, (Immediate,) " " Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial. Sept. 26, 83

Undertaker, Geo. Steinhauer

Place of Business, 357 W. Balto St

J C Hammer M. D.,
Medical Attendant.

Address, 307 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 10073

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70013 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Mitchell

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death. {Give street and Number.} 205 E. Lombard St

Cause of Death. First (Primary), Diphtheria

Second (Immediate), 2nd Day

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 26th

Undertaker M. Funk M. D.

Place of Business 35 Bank St. *Address* 205 E. Lombard St

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Phys... is Respectfully Called to the Rules Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 70014 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 25 1883 BALTIMORE

Date of Death, Sept 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Byrd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Yrs

Place of Death, {Give street and Number.} No 1 Shields Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, Some Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 25

Undertaker, Ahern

Place of Business,

W W Antrim M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to [illegible] make returns of all

No. 7015

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70015 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Thomas

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 6 Eldorey Alley

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25 1883

Undertaker William H. Dunger

Place of Business, 62 East St.

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of [illegible] who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the [illegible] ained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Off[illegible] Saturday of each week.
The Special Attention of [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7806 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ September 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie V Brunette

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 406 Division St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Sept. 26~~ Western Cemetery

Date of Burial, Sept. 26

Undertaker, Walter Immel

Place of Business, 315 W. Bidder

J. Ricketts M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7017 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* 20 *Days.*

Color, Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset County Md.

Duration of Residence in the City of Baltimore, 18 Years.

Place of Death, {Give street and number.} 23. Fielder St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Prospect Cemetery

Date of Burial, Sept 27 1883

Undertaker, Wm. Deaver

Place of Business, 103 E. St

L. H. L. Gall M. D.,
Medical Attendant.

Address, 23. Fielder St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Burials, to the Office whence issued Saturday of each week. No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7718 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 25 1883 BALTIMORE

Date of Death, Sept 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Tall

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 1 *Years,* 2 *Months,* ..... *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and Number. } 6 Henry St

Cause of Death, First (Primary), Inanition

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, September 25th

Undertaker R. Hunt

Place of Business, 42 West St

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday. No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Sept. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Evaline Jant.

Sex, ~~*Male*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* — *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 272 S. Howard st.

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate,) asthenia

Duration of Last Sickness, nearly 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25 1883

Undertaker, W H Chase

Place of Business, 198 Howard st

DR. B. F. LEONARD,
514 E. BALTIMORE ST.

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 70820 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th September 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Seipp

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 80 Park ave

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Sep. 26/83

H. M. Hebbert M. D.,
Medical Attendant.

Undertaker, ...

Place of Business, ... Address, 57 Bennett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... ...ay of each week. No. 70...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7002 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 25 1883 BALTIMORE

Date of Death, Sept 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie N Johnson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 84 yrs

Place of Death, {Give street and Number.} 370 N. Sliter

Cause of Death, First (Primary),

Second (Immediate), Suicide — Hanging —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodbury Cem

Date of Burial, Sept 26th 1883

Undertaker Alexander Tinley *M. D.*

Place of Business, 820 Eutaw *Address,* ~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of [illegible] Directed to the Remarks Below, and to Those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70022 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha J. Thompson Infant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 24 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 16 Pearce Sr

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25th 1883

J A Giesin M. D., Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,* 160 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office whence issued, Sattr

No. 1102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 74023 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Spence

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Lunch Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, abt 20 Years

Place of Death, {Give street and Number.} 38 Block Street

Cause of Death. First (Primary), 3 Heart Disease

Second (Immediate), 3

Duration of Last Sickness, abt 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 26 1883.

Undertaker Wm Mealey

Place of Business, 258 Aliceanna Address, 67 E Balto St

Ch Sh Nesbit M. D.

Coroner ED ~~Medical Examiner~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burial, to be [illegible] No. 70[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70824 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gus Vogel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Mos

Place of Death, {Give street and Number.} No 218 Bank St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Sept 26th 1883

Undertaker Wm: Riccans

Place of Business, 238 Aliceanna Address

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials — No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70026 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 1883

Date of Death, Sept 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Day

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, Abt 25 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S.

Duration of Residence in the City of Baltimore, 6 or 7 years

Place of Death, {Give street and Number.} Winans Cove - Middle Branch Patapsco River

Cause of Death, First (Primary),

Second (Immediate). Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1883

Undertaker Jos H Hunsley

Place of Business, 116 Orchard St

S A Bell M. D.

~~Medical Attendant.~~

Coroner

Address, 161 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7026 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1883

SEP 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Amelia Fist

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 yrs the last time

Place of Death, {Give street and Number.} 298 Saratoga St

Cause of Death, First, (Primary,) Cardialgia

Second, (Immediate,) Prostration

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Bo. Md

Date of Burial, Sept 27th 1883

Wm B Turner M. D.,

Medical Attendant.

Undertaker, John S. Mackey

Place of Business, No 157 Conduit *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

...sued, Saturday of each week. No. 1105

Board of Health, City of Baltimore.

Permit No. 76,27 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis. D. Hartung

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 173 William St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 26th 1883

Undertaker Timothy Owens

Place of Business, 263 Light

E. B. Noble M. D.
Medical Attendant.

Address, 30 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Durm Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Grindall St between Johnson & Covington

Cause of Death, First (Primary), Phthisis

Second (Immediate). Hemorrhage from the bowels.

Duration of Last Sickness, About 13 months.

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 26/83

Undertaker Armiger Co

Place of Business, 267 Light

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention o. [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 70029 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP. 26. 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter F Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 10 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Diphtheria 227 Hudson St

Cause of Death, First, (Primary,) Gastritis Diphtheria

Second, (Immediate,) Gastritis was convelesing of diphtheria

Duration of Last Sickness, 14 to 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sep 26. 1883

Undertaker, M. A. Dauger

Place of Business, 74 S. Bdwy

J E Prichard M. D., Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 10220 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Sander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 193 S. Green st

Cause of Death, First (Primary), Pneumonia & Meningitis

Second (Immediate). Spasm

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cemetery

Date of Burial, Sept. 27th 1883

Undertaker Ernst Schloman

Place of Business, 181 Sharp St. *Address,* 166 S. Paca st.

A. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, at the Office whence issued, Saturday of each week. No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore.

Permit No. 70031 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 1883

Date of Death, Sept 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Fahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 78 S York

Cause of Death, First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 26th

Undertaker C. F. Krause

Place of Business,

Andrew Cartin M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Burials to the Office whe... ...Saturday of each week. No. 7...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 70032 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP. 26, 1883

CERTIFICATE OF DEATH.

Date of Death. Sept. 25. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willmer Jenkins.

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.} Male.

Age. 9 *Years.* ——— *Months.* ——— *Days.*

Color. (Col)

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} Single.

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 120 South Spring St.

Cause of Death. First (Primary). Dropsy. General.

Second (Immediate). Scarlatina

Duration of Last Sickness. About four weeks.

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. Sept 26.

Undertaker Chas. A White

Place of Business, 35 Granby St *Address.* 137 Oleans St

J. J. Smith. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permits for Burials, to the Office wh... ed Saturday of each week. No. 7...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 70866 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 26 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 83 Catherine John

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colored, not named Long

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 3 hrs. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 118 Pine St.

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Non Viable

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem.

Date of Burial, Sept 26th 1883

Undertaker, Geo Saffman

Place of Business, 121 Pine and *Address,* 437 Franklin

H. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials [illegible] Office [illegible] issued, Saturday [illegible] week [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70062 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Butts

SEP 26 1883

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 56 Racer st

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Convulsion

Duration of Last Sickness, about 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 27

Undertaker, H Ross

Place of Business, 95 Conway St

John Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70035 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 26 1883

CERTIFICATE OF DEATH.

Date of Death, Monday 4.30 PM Sept 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moritz Richter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Dyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} Cor of Hudson & Harrison Sts

Cause of Death, First, (Primary,) Conjestion of Liver and Spleen & Pneumonia

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept 26th 1883

J. E. Prichard M. D.,
Medical Attendant.

Undertaker, H. Sanders Sons

Place of Business, 252 Canton Ave

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 10036 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP. 26, 1883

Date of Death, Sept 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wine dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} N. S. S. Residence

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Disease of Heart

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, St Michaels Cem Patterson Pk

Date of Burial, Sept 27 1883

I do hereby certify that I attended deceased from Sept 25 1883 to Sept 25 1883 that I last saw deceased alive on Sept 25 1883 and that death occurred at the time stated above.

Jno. Mace M. D.,
Medical Attendant.

Undertaker, H. Sanders & Co

Place of Business, 252 Canton Ave

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 70037 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 1883

Date of Death, Sept. 25 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Libil

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* 7 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 119 S. Exeter

Cause of Death, First (Primary), Epilepsia malig

Second (Immediate), Paralysis cordis

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 26 1883

Undertaker G. Frank

Place of Business, Frank & Wolfe *Address,* 245 Baltimore

J. Statter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer... Saturday of each Week.

Board of Health, City of Baltimore,

Permit No. 70038 *Office of Registrar of Vital Statistics.* Ward 17

SEP

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th Sept

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. White

SEP 26 1883

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* 6 *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 3 - 1 6

Place of Death, { Give street and Number. } S E Cross & Pratt

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Nervous exhaustion Paroxysm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

...e of Burial; Sept 26

...taker B. Hunt

...siness, 82 West St

Robt. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

...lations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...*ther enacted and ordained,* That ...ner or any person shall die in the said city, it shall be the duty of ...ing his or her last sickness, or the Coroner when the case comes under his notice, to furnish within ... the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... sex, age and condition (whether married or single) of the person deceased, and the cause and ... deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7183 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Cd

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, 45 L

Place of Death, {Give street and Number.} 510 stockholm st

Cause of Death, First (Primary), Not known

Second (Immediate), Insanity & inanition

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 27

Undertaker H Loss

Place of Business, 95 Conway St

R. Ross Ellis M. D.
Medical Attendant.

Address, 312 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible] of Di[illegible] Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 7042 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 1883 BALTIMORE

Date of Death, Sept. 26th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 23 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion ~~—~~

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 27/83.

Undertaker, Frank Meyer

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7074 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP. 26, 1883

Date of Death, Sept 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Showers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 18 *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 57 Stocton Ally

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Emaciation

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Sept 22 1883

Undertaker, Fred A. Kuehne

Place of Business, 129 N. Arlington Ave. Address 343 W Lombard

A. N. P. Cottam M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7602 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 1883 BALTIMORE

Date of Death, September the 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bentley Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 138 Orchard St

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, September 26th

Undertaker M. Morgan & Pye

Place of Business, 90 Mulberry St

Geo. W. Benson M. D.
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70643 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept - 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hedwig Berger

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rabenstein, Saxony 2

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} B & O R R, Depot

Cause of Death, First (Primary). Vomiting 2

Second (Immediate). Inflammation of Bowels

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, West Fult Cemetery

Date of Burial, Sept. 26/883

Undertaker Fred C. Keehner

Place of Business, 129 N. Arlington Ave. *Residence* 141 So. Fremont St.

Fist Bell M. D.

~~Head Undertaker~~ Coroner's Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 7070 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conway

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Piedmont W. Va

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Chronic Tubular Nephritis

Second (Immediate), Uraemia

Duration of Last Sickness, ~~One year~~ - Two days -

All the above information should be furnished by the Physician.

Place of Burial, Piedmont W.Va

Date of Burial, Sept 28th 1883

Undertaker F. Louis Schaff

Place of Business, 109 N Fremont *Address* University Hospital

Ralph Stinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70046 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Myles Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 39 Gettinger St

Cause of Death, First (Primary).

Second (Immediate). Inanition Cholera Infantum

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 27

Undertaker H Hasle

Place of Business, 82 West St

Medical Attendant. M. D.

Address, 460 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

2

Board of Health, City of Baltimore,

Permit No. 70046

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

27
1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 25/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R Hunneman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 52 years

Place of Death, {Give street and number.} 26 Pike St.

Cause of Death, First, (Primary) Enterocolitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 27 1883

Undertaker, J. Sanders

Place of Business, 104 Druid Hill Ave

F. F. Moyer *M.D.,*
Medical Attendant.

Address, 1. S. Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 7a24 *Office of Registrar of Vital Statistics.* Ward 2

SEP 25 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. M. Chandler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 8 *Months,* 17 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Pressident

Cause of Death, First (Primary), Hip joint - & L. disease of three

Second (Immediate), Cerebro spinal meningitis, Convulsions

Duration of Last Sickness, 3 weeks. & L. Jean Coxo tuberculous disease

the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Sept 27 1883

Geo. L. Kenworthy M. D.
Medical Attendant.

Undertaker Jas P Byrne

Place of Business, Front st *Address,* 171 N. Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 10046 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 27 1883

CERTIFICATE OF DEATH.

Date of Death, September 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Shanahan

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 15 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Born

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 82 S. Caroline

Cause of Death, First (Primary),

Second (Immediate). Acute Gastritis

Duration of Last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial, St, Peters Cem.

Date of Burial, Sep. 27/83

Undertaker JOSEPH COOK,

Place of Business, Undertaker, &c. 707 W. BALTIMORE ST.

W. K. McClure M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

10 **Board of Health, City of Baltimore.**

Permit No. 70049 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michl Mc Donald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 67 Eutaw st

Cause of Death, First (Primary), Typhoid

Second (Immediate), Fever

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept 27th/83

Undertaker Mr Corbyan

Place of Business, 227 Mulberry St

W. L. Shier M.D.
Medical Attendant.

Address, 387 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 70050

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 27 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 26/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Tuberculur Meningitis

Second, (Immediate.)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Penna Rail

Date of Burial, Sept 27

Undertaker, E Kuehnle

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

9

Board of Health, City of Baltimore,

Permit No. 70067

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 to 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sebastian Dallas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~ *Years,* 9 *Months,* ~ *Days.*

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Scrofula

Second, (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 27

{ *Undertaker,* Meacham

{ *Place of Business,*

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on R

Board of Health, City of Baltimore,

Permit No 70152 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melinda Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 63 Perry St

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, 9/29 27/6

Undertaker L. Ross

Place of Business, 95 Conway

C. S. Coogle M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

Permit No. 70053

Office of Registrar of Vital Statistics.

SEP 27 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 252 Washington Ave.

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sep. 28/83

Undertaker, Ph. J. Dee

Place of Business, 183 Columbia

H. W. Hebner M.D.,
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 70654 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 27? 1883

Date of Death, Sept 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate F Nott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 8 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 86 Parkin St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 28

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw St

A. H. Colburn M. D.,
Medical Attendant.

Address, 363 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 70055 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 27? 1883 BALTIMORE

Date of Death, Sept 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md ✓

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 51 Stockton alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Sept 28 1883

Undertaker, William N Lunge

Place of Business, No 62 East St

I N Nelson M. D.,
Medical Attendant.

Address, Lee Bet 2d & Nelson 54

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 70066 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. September 27th 1883

Full Name of Deceased. (Write legibly and spell correctly. If an infant not named, give names of parents.) Ann Eliza Fullerton

Sex. ~~Male~~ *Female.* (Cross out the word not required in this line.)

Age. 66 *Years.* — *11 Months.* ..... *Days.*

Color. White

Married. ~~Single, Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation None

Birthplace. (State or country, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore. Life

Place of Death. (Give street and Number.) No 8 Henrietta St

Cause of Death. First (Primary).

Second (Immediate). Apoplexy.

Duration of Last Sickness. 10 Hours

All the above information should be furnished by the Physician.

Place of Burial. Laurel Park.

Date of Burial. Sept 28

Undertaker B. Hark

Place of Business. 82 West St. *Address.* 137 Arlington St.

Dr Chas. W. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No, 70057 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Wiegand

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 19 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, Dresser in fruit shop

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore since birth

Duration of Residence in the City of Baltimore, 127 Alice Lot

Place of Death, { Give street and Number. }

Cause of Death, { First, (Primary,) Hemorrhage of Lungs. Second, (Immediate,) about 2 hrs

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial St Stephens.

Date of Burial, 27 September.

Undertaker, B Hastie.

Place of Business, 1121 82.

Wm H Smith M. D.,
Medical Attendant.

Address, 29 E Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore.

Permit No. 7965 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Renaul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 249 Hamburg St

Cause of Death, First (Primary). Trauma

Second (Immediate). Tetanus

Duration of Last Sickness, 14 days.

the above information should be furnished by the Physician.

Place of Burial, Loudenbank

Date of Burial, Sept 30th 1883

Wm Gorsuch M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 70059 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28? 1883

CERTIFICATE OF DEATH.

Date of Death, September 27, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Carr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 111 S. Exeter St.

Cause of Death, First, (Primary,)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 29th 83

Undertaker, Jas McGinn

Place of Business, 1x3 Plowman

J. W. Hoch M. D.,
Medical Attendant.

Address, 75 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

10

Board of Health, City of Baltimo

Permit No. 70060

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Briscoe

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, 13 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St Mary's County Md

Duration of Residence in the City of Baltimore, Ine Zeno

Place of Death, { Give street and number. } 31. Marion Street

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29- 1883

Undertaker, W M Madden

Place of Business, 45 East Pr St

Edwards *M.D.,*

Medical Attendant.

Address, 51 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 7006 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1883

Date of Death, September 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Otter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always lived

Place of Death, {Give street and Number.} 362 William st

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Eden Hill Cemetery

Date of Burial, Sept 29 th 1883

Undertaker, Ernst Gehlman

Place of Business, 181 Sharp st Address, 110 Fort ave

C. A. Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Muller,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 211 S. Washington St.

Cause of Death, First (Primary),

Second (Immediate) Diphtheria,

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept. 29th 1883

Undertaker John Conrad Schuh

Place of Business, No 265 Alice Anna St. *Address,* 95 Park Ave

A. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...ness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 70063 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* ~~~ *Months,* 4 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 N Bruce St

Cause of Death, First, (Primary,) ~~~

Second, (Immediate,) Inanition

Duration of Last Sickness, Do not know

All the above Information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial. Sept 29 1883

Undertaker, William N Dungan

Place of Business No 62 East Street

J. A. Steiner M. D.,
Medical Attendant.

Address, 41 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 7064 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stelser

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ✓ *Years,* *Months,* *Days,*

Color, C A

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 Durst alley

Cause of Death, First (Primary),

Second (Immediate). Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Sept 28

Undertaker W. H. Dugee

Place of Business,

Wm. H. Benson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 70065 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Pilson

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* 9 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 352 McHenry St

Cause of Death, First, (Primary,) Genl Debility

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 28/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker, [illegible] *Address.*

Jas. F. Smith M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 70066 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP. 28. 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Annie E. Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Seven *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~ {Cross out the word not required in this line.} Widow

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and Number.} 58 S. Greene St.

Cause of Death. First (Primary), Cancer of Uterus

Second (Immediate), Gangrene of Foot, Sepsis.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sep. 30/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St.

D. Lauen H. Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 7086 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. B. Phillips

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 110 S. Register St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia of the Heart

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 29th 83

R. W. Mansfield M. D.
Medical Attendant.

Undertaker C. Trance

Place of Business, Bank & Wolfe *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Disease

Board of Health, City of Baltimore.

Permit No. 7078 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28? 1883

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.}

Cause of Death,

First (Primary)

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 29th 83

Undertaker G. Frances

Place of Business, Pants & Wolfe *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7069 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1883 BALTIMORE

Date of Death, September 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kaletsch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* 18 *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 1 Oxford St

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Croup

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 28.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,*

Edwd A. Evans M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 76070

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 28 1883 BALTIMORE

Date of Death, September 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lincoln Sargent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 7 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Since Infancy. Has

Place of Death, {Give street and number.} 56 Bennett Pl

Cause of death, First, (Primary,) Malarial Fever 7 Weeks

Second, (Immediate,) Exhaustion

Duration of Last Sickness, " Four Months

All the above information should be furnished by the Physician.

Place of Burial, Ballard St Cemetery

Date of Burial, ~~Sept~~ Sep 30. 1883

Undertaker, Alt Hemsley

Place of Business,

Whitfield Kinsey M. D.,

Medical Attendant.

Address, 1162 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7071 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1883

Date of Death, Sept 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, About 5 Years

Place of Death, {Give street and Number.} # 106 Lee St

Cause of Death, First (Primary).

Second (Immediate). Phthisis Pulmonalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Kent Island Md.

Date of Burial, Sept 30th

Undertaker F. S. Troll.

Place of Business, #131 Hanover St *Address* 161 So. Sharp St

E. H. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7092 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1883

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rucktenwald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 56 Burke St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 36 Hours

the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Sep 29

Undertaker W Dugan

Place of Business,

E Jenkins M. D.
Medical Attendant.

Address, 53 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7007 5 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 27/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Seitz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 *Years,* 0 *Months,* 11 *Days,*

Color, whit

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 59 Cambridge st.

Cause of Death, First (Primary), measles

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Sept 29th

Undertaker W. Shepard

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 70074 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28? 1883 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, Sept. 27- 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. M. Saulsberry.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 97 *Years,* ~~~ *Months.* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 66 Lee St.

Cause of Death, First (Primary), Broken

Second (Immediate). Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept 28 '83

Undertaker Armstrong Bros

Place of Business, 260 Light

Geo. H. Brown M. D.
Medical Attendant

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore.

Permit No. 7875 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Powers

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 83 Fairmount Avenue

Cause of Death, First (Primary), Disease of the heart (Aortic insufficiency)

Second (Immediate), Combined asthenia anaemia

Duration of Last Sickness, 11 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 29th 83

Undertaker H Cenny Sanders Jr

Place of Business, 562 Pratt St

John S. Lynch M. D.
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 7876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 12 82 1883 BALTIMORE

Date of Death, 26 Sept. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Burks.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} ~~76 Boston St.~~ 81 Cambridge St.

Cause of Death, {First (Primary,) Pericarditis with Dropsy. Second (Immediate,) Heart Failure.

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Hannel

Date of Burial, Septbr 28th 83

Undertaker, H O Sander & Son

Place of Business, 252 Canton Ave

B. F. Leonard M. D.
Medical Attendant.

Address, 94 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED SEP 27 1883 BALTIMORE

Date of Death, Sept 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Jenkins,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Months, 11 hours. Days

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 383 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate). Atrophia Neonatorum,

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept 28 83

Undertaker Smith & Son

Place of Business, N. 263 W

R. L. N. Tall, M. D.
Medical Attendant.

Address, 152 Short St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1078 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Jaffe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6/12 *Months;* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} N-145 Albemarle St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Inanition

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Russell Cemetery

Date of Burial, 28 Sept

Undertaker, Salmon

Place of Business, 26 & Eutaw St

L O Wintermute M. D.,
Medical Attendant.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7077 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Sept. 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Pennington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 39½ S. Carlin St.

Cause of Death, First (Primary), Gastric Inflammation

Second (Immediate), Cerebral congestion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery

Date of Burial, Sept 28th 1883

Undertaker J. J. Lucas

Place of Business, #73 Jefferson st

R. W. Mansfield M. D.
Medical Attendant.

Address, 112 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 70088 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 26th Sept. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Isrial Lamar

~~Sex, Male or~~ Female. {Cross out the word not required in this line.}

Age, 57 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40 Years

Place of Death. {Give street and Number.} 22 Heath St

Cause of Death. First (Primary), Chronic Diarrhoea

Second (Immediate). Exhaustion

Duration of Last Sickness, Since Mar. 1861 & 65

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 28th 1883

Undertaker Jas McGinnis

Place of Business 1x3 Plowman

A. Wilson M. D.
Medical Attendant.

Address, 201. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 70081 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 28 1883

Date of Death, Sept 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry William Klump

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days,*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} E. Monument St Infants

Cause of Death, First, (Primary,) Diphtheritic croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, One week, I saw the child one day with diph.

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Sept 28th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Caroline St

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7082 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27 Sept 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Federica Heinemann.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* six *Months.* nineteen *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty five years.

Place of Death, {Give street and Number.} 58 Pine St.

Cause of Death, First (Primary),

Second (Immediate). Pulm. Haemorrhage

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sep. 30th 1883

Undertaker Ernst Schlosman

Place of Business, 187 Sharp St. *Address,* cor Mulberry & Greenmount

Louis E. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 18813 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28. Sept. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. L. T. Prince Jr

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 1 *Years,* 9 *Months,* 22 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Louis Mo.

Duration of Residence in the City of Baltimore, 30 days.

Place of Death, {Give street and Number.} S.W. Cor. Fremont & Lansdale

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Asthenia +

Duration of Last Sickness, one week.

the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial, Saturday Sept 29th 1883

Undertaker

Place of Business, 35 Park Ave

Christopher L. Griffin M. D.
Medical Attendant.

Address, 82 Franklin St

Extract from Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ce...

18

Board of Health, City of Baltimore,

Permit No. 76884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip King.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 156 Lexington St.

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, September 29th 1883

E. M. Pue M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St *Address* 243 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 7085 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. VonDe Hyde

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Chinn

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 53 Market Space

Cause of Death, First (Primary).) Second (Immediate). Bronchitis

Duration of Last Sickness, Ten days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Oct 31/83

Undertaker C. H. Runsing

Place of Business, 136 E Balto St

A. F. Shuford M. D.
Medical Attendant.

Address, 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie R. Chamberlain

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 119 N. Eutaw St.

Cause of Death { First, (Primary,) Phthisis Pulmonal.
Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 29th 1883

Undertaker, John S. Meadows

Place of Business, No 150 Camden St

Wm. N. Dillman M. D.
Medical Attendant.

Address, 249 Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 70087 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Febr. 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M^c Gee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housemaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 16 N. Paca Street

Cause of death, First, (Primary,) /

Second, (Immediate,) Chronic Arthritis

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept 29th 83

Undertaker, W. Cudlipp

Place of Business, 227 Aulbert

Dunnick Horn M. D.,
Medical Attendant.

Address, 561 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health City of Baltimore.

Permit No. 70088 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death. Sept 27 1883

Full Name of Deceased. (Write legibly and spell correctly. If an Infant not named, give names of parents.) Alvard Hall

Sex, Male or Female. (Cross out the word not required in this line.)

Age. ..... *Years.* 1 *Months.* ..... *Days.*

Color. Col.

Married, Single, Widow or Widower. (Cross out the word not required in this line.)

Occupation .....

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give street and Number.) 62 Forest st

Cause of Death. First (Primary). Marasmus

Second (Immediate).

Duration of Last Sickness 10 Days

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial Sept 29 1883

Undertaker William H Engel

Place of Business, 62 East st

J J Gross, M. D.
Medical Attendant.

Address, 137 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7089 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, September 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert V. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White ✓

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookseller

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 22 N. Carolina St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 1st 83

Undertaker, Fry & Rue

Place of Business, 57 W Baltimore *Address,* 75 E Balto St

J. W. Hook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 70093 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
SEP 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept. 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Van-Arden

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 58 *Years,* — *Months.* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 54 N. Front St.

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate).

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem

Date of Burial, Sept. 30 '83

Undertaker G. Frame

Place of Business, Bond & Wolfe *Address,*

S. T. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7409 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 27 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Topfel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Cigar-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kansas

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 313 N. Chapel St

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 30 1883

G. H. Taylor M. D.
Medical Attendant.

Undertaker John Herring

Place of Business 382 Orleans St *Address,* 234 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 70092 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline J. A. Womble

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* 27 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} No 205 N. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 3 Weeks 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 1st 1883

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga St

E. H. Millenberger M.D.

Pinkett M. Womble M. D.,

Medical Attendant.

Address, No 205 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7009 3 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Feldauer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } N. Charmt. near Hamburg

Cause of Death, First (Primary), Heart - stroke

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 1th 83

Undertaker C. Bartlett

Place of Business, 9 N. Broadway

C. H. Buddenbohm M. D.
Medical Attendant.

Address, 166 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 70974 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Meyers

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* 8 Mo *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } No 3 Mason Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Dysenteric diarrhea & Spasms

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sep 29. 83

Undertaker, Alf. Hemsley

Place of Business,

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 70095 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. SEP 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Coney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 Years, — Months, — Days,

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Convict.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George Co, Md.

Duration of Residence in the City of Baltimore, 26 yrs. & 10 mos.

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death; First, (Primary,) Pulmonary Consumption

Second, (Immediate,) ~~over two years~~ "

Duration of Last Sickness, over two years

All the above information should be furnished by the Physician.

Place of Burial, Edl Pub Cem

Date of Burial, Sept 29-1883

Undertaker, Geo Rinehardt

Place of Business, City

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 10096 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1899 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept the 25

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Banks

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For live thime

Place of Death, {Give street and Number.} No 9 Little Calhun St

Cause of Death, First (Primary), a heavy Cold on the Lung

Second (Immediate). .....

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Sept 28th

Undertaker F Kershner

Place of Business, ...

Geo. H. Denson M. D.

~~*Medical Examiner.*~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7097 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Schafer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 4 S. Canal

Cause of Death, First (Primary). Tussis convulsiva

Second (Immediate). Pneumonia

Duration of Last Sickness, 7

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Sept 29

Undertaker J. D. Kinsey

Place of Business,

Thurston M. D.
Medical Attendant.

Address, 24 S. Belnont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7098 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 29 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cornish

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County, Md —

Duration of Residence in the City of Baltimore, about 19 years —

Place of Death, {Give street and Number.} 30 Peach Alley

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, about one year,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 27

Undertaker, Hercules & Ross

Place of Business, 95 Conway St

E. H. White M. D.,
Medical Attendant.

Address, Southern Dispensary —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Pulis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 4 & Col pl

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate,) Asthenia

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 30th 1883

W. A. Jones M. D.
Medical Attendant.

Undertaker, Wm. Wacker

Place of Business, 150 Camden

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7060 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 29 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Nelson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Rag dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 112 Pierce St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Sept 30th 83

Undertaker W. J. Gray

Place of Business 65 Mulberry

Louis C. Hon M. D.
per E. K. R. Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This Special Attent...

Board of Health, City of Baltimore,

Permit No. 7101 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1883

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dudle.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 2 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. 2

Undertaker Mark McVeagh

Place of Business, Division & Fremont

R. H. Carbonell M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 70102 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... Seven *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 258 E. Montgomery St

Cause of Death, First, (Primary,) Trismus Nascentium ✓

Second, (Immediate,)

Duration of Last Sickness, about 24 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sep 29 1883

Undertaker, H Ross

Place of Business, 71 Calvary

John Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
79 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 7083 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Eda~~ Charles Edward Loeffler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 2 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation ~~None~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 567 N. Gay st.

Cause of Death, First (Primary), Scarlatina Anginosa

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Sept 30 1883

Undertaker John W Jackson

Place of Business, Gay & Lanvale

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Carlton st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker (or other persons superintending the Burial) a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7184 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 7 Hanover St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Sept 29th 1883

Undertaker, James D Byrne

Place of Business, No 63 S Front *Address,* High St

Wm H Diffenderffer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... to the Back of this Certificate.

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 70105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hillmans

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 93 *Years,* 8 *Months,* ... *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} widow

Occupation, House

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} 135 Arlington Ave.

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,) Debility

Duration of last Sickness, failing for about a year,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 30

H. R. Huttenhoff M. D.
Medical Attendant.

Undertaker, ...

Place of Business, 48 Penna ave.

Address, 205 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0741]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70106 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Ryan

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and Number. } 50 Fort av

Cause of Death, First, (Primary,) Hemiplegia

Second, (Immediate,) Paralysis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 1st 1883

Undertaker, D. Flynn

Place of Business, 109 West St

O. A. Cooke M. D.,
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70107 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizebett McAdams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 9 *Years,* 11 *Months,* 3 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 68 Rose St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 30 1883

Undertaker, James D Byrne

Place of Business, No 63 N. Front St

J E Prichard M. D., Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Colored

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70108 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Moor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 102 Chestnut Alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) —

Duration of Last Sickness, two (illegible) months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial. Sept 30 1883

Undertaker, William N Dunger

Place of Business, No 62 East Street

M. A. Austin M. D.,
Medical Attendant.

Address, 122 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70109 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Chowden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 8 *Months,* ✓ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Washer + Ironer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 248 N. Durham st

Cause of Death, First (Primary), Interstitial Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One month 7 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1883

Undertaker Wilson A. Dugee

Place of Business, 62 East St

G. H. Dowden M. D.
Medical Attendant.

Address, 204 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore.

Permit No. 70110 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Ayres

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 63 *Years,* ... *Months,* ... *Days,*

Color, Col

Married, Single, ~~Widow~~ or Widower. {Cross out the word not required in this line.}

Occupation Community

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Crisfield, Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 172 York St

Cause of Death. First (Primary), Stenosis of Aorta

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 30 1883

Wm Goodall M. D.
Medical Attendant.

Undertaker H H Chase

Place of Business 198 Howard St *Address,* 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This special Record ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70111 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W Cameron

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Hermetic Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 114 E. Fayette St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 1st 1883

Undertaker, Thos G Hughes

Place of Business, 60 E Balto

Robt Fred Brown M. D.,
Medical Attendant.

Address, 114 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S[illegible] ... of this Cert[illegible]

Board of Health, City of Baltimore.

Permit No. 76112 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29-83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. V. Zulauf

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 weeks ~~*Months*~~, — 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. W. Cor. Caroline & Fayette

Cause of death, First, (Primary,) Malarial Poisoning,

Second, (Immediate,) Cerebral Meningitis.

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 1st 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

John J. Kind M. D.,
Medical Attendant.

Address, 215 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70113 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 30th 188 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 6 Bond St No 235

Cause of Death, First (Primary),

Second (Immediate) Cholera Infantum

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore L

Date of Burial, Oct 1

Undertaker Wm Lipp & Co

Place of Business,

Nicholas [illegible] M. D.
Medical Attendant.

Address, 207 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 70114 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1883.

OCT 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Jones.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 26 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give street and Number.} 13 Lee St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption.

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Oct 1. 1883

Undertaker, Chas A White

Place of Business, 35. Granby *Address,* Southern Dispensary

Julius Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10115 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Yale

Sex, Male or Female. {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months.* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 30 Yrs

Place of Death. {Give street and Number.} 179 Mulliken St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Suppressa

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem

Date of Burial, October 1st 1883

Chas M. Mohr M. D.
Medical Attendant.

Undertaker Wm H Madden

Place of Business. 76 East Pr *Address,* Corner & 67 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7116 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT. 11 1883

CERTIFICATE OF DEATH.

Date of Death, September 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Stills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 77 Grabel Alley near Frankland

Cause of Death, First (Primary), Measles

Second (Immediate), Manilow

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1st 1883

Wm. Whitridge M. D.
Medical Attendant.

Undertaker Wm. W. Inadden

Place of Business #46 East St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1883

CERTIFICATE OF DEATH.

Date of Death, October 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Seroggl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, (Half hour) *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 384 Harford ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 384 Harford ave

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness, (Half hour)

All the above information should be furnished by the Physician.

Premature Birth Died in a few minutes after birth at the above place

Place of Burial, Bach

Date of Burial, Oct 1

Undertaker, Wm Seroggl

Place of Business,

Benj. L. Edsall, *M. D.*
Medical Attendant.

Address 381 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OV

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70118 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 11 1883

Date of Death, Sept 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Lowry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 S Gilmor

Cause of Death, First (Primary), Disease of bowels

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 2 1883

Undertaker S. McLeonardson

Place of Business, 782 W Baltimore

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Keepers of Cemeteries in City ... will make returns of all ... Permits for Burials to ... the Remarks Be... ...day of ... week. ... on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7019 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

DEPARTMENT OCT 11 1883

Date of Death, Sept. 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd R Harpes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 5 ~~Months.~~ weeks & 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and Number.} 49 Lisbon st. above Chas

Cause of Death, First (Primary), Meningitis

Second (Immediate), Effusion

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, October 2nd.

Undertaker Geo Schilling

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, 303 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70126 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th; 7 P. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Frederick Jenkins.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* Five *Months,* Twenty three *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} # 230 Columbia Avenue

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 1st 1883.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* Cor. Columbia Ave Penna & R.R.

David A. Glendice, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7021 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt H. King

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of ~~Residence~~ in the City of Baltimore,

Place of Death, {Give street and Number.} Monument St. & Bradford alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate).

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cem.

Date of Burial, Oct. 1st 1883

Undertaker H. Sanderson

Place of Business, 252 Canton Ave. *Address,* 117 S. Broadway

R. A. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 7122 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1883 BALTIMORE

Date of Death, Sept 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 10 Bolton Alley.

Cause of death, First, (Primary,) ———

Second, (Immediate,) Tubercular Peritonitis

Duration of Last Sickness, About six days

All the above information should be furnished by the Physician.

Place of Burial, Shuye St Cemetery

Date of Burial, Oct 1883

Undertaker, William H Suiger

Place of Business, 62 East st

H. H. Coffroth M. D.,
Medical Attendant.

Address, 330 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7023 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 11 1883

Date of Death, 30 Sept 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Fait[illegible]

~~Sex. Male or~~ Female, {Cross out the word not required in this line.}

Age, 86 *Years.* *Months.* *Days,*

Color, Wh

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 48 S. Paca near Fort Ave

Cause of Death, First (Primary), old age

Second (Immediate), Senarum

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2 October 1883

Undertaker John P. Ohuk

Place of Business, 265 the same

[illegible] M.D.

Medical Attendant.

Address, 24 S. Newmarket

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78124 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 1 1883 BALTIMORE

Date of Death, Sept. 30/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelade F. Rowe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 461 Canton ave

Cause of Death, First (Primary), Cancer (Uterine)

Second (Immediate).

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Pleasant View

Date of Burial, Oct. 1st 83

Undertaker G. Thomas

Place of Business, Park & Mt Pr

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 5125 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Stewart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty-three *Years,* ——— *Months,* ——— *Days,*

Color, Mulatto

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Waitress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty-Three years

Place of Death, {Give street and Number.} No. 85 Pierce St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Dyspnoea

Duration of Last Sickness, Three months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 1 1883

Undertaker S. H. Chase

Place of Business, 198 Howard

Dr. Gardner M. D.

Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on Back of [illegible]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 76126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1883

CERTIFICATE OF DEATH.

Date of Death, September 29. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Wiechmann.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 422 W. Lombard st

Cause of Death {First, (Primary,) Bright's Disease

{Second, (Immediate,) Anasarca

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 1/83

Undertaker, J. J. Cook

Place of Business, 207 W. Balto. St.

Thos. J. Pennington. M. D.
Medical Attendant.

Address, 134 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton E. Kearney

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 22 S. Schroeder st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy.

Date of Burial, Oct. 2/83.

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St. *Address,* 187 Hollins St

F. X. Bowers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70128 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith E. Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 140 S Wolf St.

Cause of Death, First (Primary). Croup (True)

Second (Immediate).

Duration of Last Sickness, Seven days

the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct 2 1883. John H. Rehberger M. D.

Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 248 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 7029 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d Oct 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eveline Coulter

~~Sex~~ *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } No 379 Fulton Ave

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 171 Mount St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 4th 1883

Undertaker, J E Mansfield

Place of Business, 320 Lemmon *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7630

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7630 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Radleigh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Shoe maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 50 S Dartmouth

Cause of Death, First (Primary). Dr Not known saw him but once - Family said he had been

Second (Immediate). sick some 4 wks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Methodist Cemetary

Date of Burial, Oct 1st

Undertaker Thos Entzminger

Place of Business,

Chas E Doonille M. D.
Medical Attendant.

Address, 976 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7131 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT. 1883

Date of Death, Sept. 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lloyd J. Gettings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 283 E. Madison St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Toxaemia

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, Oct. 1st, 1883.

Geo. F. Parker M. D.
Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 234 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 15132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 28 1883 Baltimore Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Henderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ~~Months,~~ ~~Days.~~

Color, Colard

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Winchester. Va.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 22 Ticker St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Typhoides

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Stark St

Date of Burial, Oct 1st 1883

Undertaker, Alex Hunter

Place of Business, 116 Orchard St *Address,* No 36 Davis ave

Thurnett *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70123 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1883 BALTIMORE

Date of Death, Sept 30 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Woolforth

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for life time

Place of Death, {Give street and Number.} 173 Lyst n St

Cause of Death, First (Primary), ...

Second (Immediate). died in Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, October the 1st

Undertaker Charles Boose

Place of Business, Conway & Pine

Geo. H. Dunn M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7134 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 29 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Myers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Manchester Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and Number. } 417 Lexington St

Cause of Death. { First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Found dead in the Floor

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cath

Date of Burial, Oct 3rd 1883

Undertaker J. H. McCoy

Place of Business 22 W Fayette St

Alexander Tinsley M. D.

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention... ...Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7135 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT. 1 1883

Date of Death, Oct. 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 7 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 20 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 2/83.

Undertaker, Frank McVeagh

Place of Business, Division & Penna

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 5136 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT. 1 1883

Date of Death, Sept 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Hancock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 146 Saratoga St

Cause of Death, First (Primary), ...

Second (Immediate). Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Spring House

Date of Burial, Oct 1

Undertaker T Hughes

Place of Business, ...

Geo. W. Jones M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5015 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Doar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 136 N. Caroline St.

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Asbury Cemetery

Date of Burial, Oct 1 1883

Undertaker, Fickes

Place of Business, 73 Jefferson *Address.* Cor Eden & Biddle St.

E. B. Tenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7038 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 br 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 73 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 1st 1883

Undertaker, James P Byrne

Place of Business, No 63 1883 *Address,*

Wm. Fooke Byrne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70139 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1893

CERTIFICATE OF DEATH.

Date of Death, September 30-'83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick P. Franck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* 14 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and Number.} 208 N. Eutaw St.

Cause of Death, First (Primary), Typho-malarial fever

Second (Immediate). Three weeks.

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 3rd 1883

Undertaker Jno Weaver

Place of Business, 202 N Eutaw

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Permit No. 70140

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 11 1883

CERTIFICATE OF DEATH.

Date of Death, ~~Sept 30~~ Oct 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie McGowan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, ~~Child~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City all his life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 4 Gough St.

Cause of Death, First, (Primary.) Diphtheritic Laryngitis.

Second, (Immediate.) Asphyxia.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 2d 1883

Undertaker, Henry V. Meeks

Place of Business, 45 N Gay St

E. H. Scott M.D.,

Medical Attendant.

Address, Charles & Northam

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 10121 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joe Deiblich

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation City

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 250 S. Dallas St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate).

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 2 1883

Undertaker G. Frano

Place of Business, Gant & Wolf *Address,* 443 Alice Anna

John H. Roseberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore
Permits for Burial
Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore.

Permit No. 70142

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. Kuesler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 18 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 326 N. Fayette St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, October 2nd

Undertaker Charles Sevier

Place of Business, 171 Eutaw St

Address, 146 Hanover St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7014 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo Jagemann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* ——— *Months,* 28. *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clothcutter, but now retired.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia — Hessen Province

Duration of Residence in the City of Baltimore, Forty Eight Years.

Place of Death, {Give street and number} 522 N. Washington Street.

Cause of Death First, (Primary,) Inflammation Front abs Gland

Second, (Immediate,) Phlegmonous Erysipelas

Duration of last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, Oct 3 1883. J. Russell Martin M. D.

Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* Belair Avenue,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70144 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept the 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Quinn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 96. S. Dallas St

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 7 years and 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct the 2d

Undertaker J. G. Locks

Place of Business, Spring & Jefferson *Address,* Bd of Health

Geo. R. Dunan M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore.

Permit No. 70145 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Bek

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and Number.} 8 Rose St, So says the Mother

Cause of Death. First (Primary), Int fever Was at Bay View

Second (Immediate). Did not See it Since it left B.V. So Cant Say

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 2nd 1883

Undertaker Edward Mason

Place of Business, 12 Hamilton St

Geo B. Caynor M. D.
Medical Attendant.

Address, 17 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 1046 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otilda E Glock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 360 Eastern Av.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 3rd

Undertaker, Henry Rein

Place of Business, 232 Aisquith St.

L O Winternitz M. D.,
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7047 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Tuesday October 2d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Anna Murphey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, ____ Years, ____ Months, One Days,

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 49 Luzern St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Inanation

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Oct. 3. 1883

Undertaker, Wm. Saunders & Son

Place of Business, 252 Canton Ave

J E Prichard M. D., Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 7014 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 — 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbary Wagner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } 8. Canton St

Cause of Death. First (Primary). Malignant Diptheria

Second (Immediate).

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, October 2nd 1883

E. N. Denney M. D.

Medical Attendant.

Undertaker H. C. Sanders & Son

Place of Business, 252 Canton Ave *Address,* 85 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 7049 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Oyster Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, About 15 Years

Place of Death, {Give street and Number.} 211 N. Durham St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years

the above Information should be furnished by the Physician.

Place of Burial, Dolphin & Camp

Date of Burial, Oct 3

Undertaker Theodore Lockey

Place of Business, 173 Jefferson St *Address,* 234 N. Bond

Geo. T. Jaxton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 7015 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Gaenir

~~Sex, Male or Female.~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 244 East avenue

Cause of Death, First (Primary). Diarhoea

Second (Immediate). Exhaustion & General Debility

Duration of Last Sickness, 4 months,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct. 3

Undertaker Bernhard Harle

Place of Business. 92 West St.

Augustus N. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Rules Below, and to [illegible] of this

Board of Health, City of Baltimore.

Permit No. 7015 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct.-2nd. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Ford.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years.* *Months,* *Days,*

Color, White.

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Miner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, few days.

Place of Death, {Give street and Number.} Balto. City Hosp.

Cause of Death, First (Primary). Phthisis Pulmonalis.

Second (Immediate). Exhaustion.

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, O P

Date of Burial, Oct. 2

Undertaker C Auchard

Place of Business,

J. W. Bowers M. D.
Medical Attendant.

Address, Balto. City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 7152 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabelle Ogden.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 (?) *Years* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Unknown.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} Balto. City Hospital.

Cause of Death, First (Primary). Malaria.

Second (Immediate). Exhaustion

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Ex

Date of Burial, Oct 2

Undertaker E. Kinsherf

Place of Business,

J. W. Bowers M. D.
Medical Attendant.

Address, Balto. City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7163 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Robertson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 294 Alice Anna

Cause of Death, First (Primary), Dysentary

Second (Immediate),

Duration of Last Sickness, Three Weeks

the above information should be furnished by the Physician.

Place of Burial, E. B

Date of Burial, Oct 2

Undertaker E Rueckert

Place of Business,

James E Iravelle M. D.
Medical Attendant.

Address, 277 E Balt. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7016 4 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2: 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Thomas McCormick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* .... 4 *Months,* 12 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 53 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastro enteritis

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Oct 3rd " 1883

Undertaker, C. F. Krause

Place of Business, 209 Canover *Address,*

D Lilestad M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Redgrave

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 107 Lemmon st City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 107 Lemmon st

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Asthenia

Duration of last Sickness, Few Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 3d 1883

Undertaker, J. M. Leonardson

Place of Business, 132 W. Baltimore

H. A. Jones M. D.
Medical Attendant.

Address, 826 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 70756 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 2 1883

Date of Death, Oct 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca A. Brian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 - *Years,* *Months,* *Days,*

Color, Wh.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co -

Duration of Residence in the City of Baltimore, 30 years -

Place of Death, {Give street and Number.} 54 N. Howard St -

Cause of Death, First, (Primary,) Softning of Brain -

Second, (Immediate,) Cerebral Hemorrhage -

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Oct 4th 1883

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Gustavus Ridter M. D.,
Medical Attendant.

Address, 49 Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7057 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Brenner

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Since Birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1769 E Durham St

Cause of Death, First (Primary), Scarlet Fever & Convulsions

Second (Immediate), ...

Duration of Last Sickness, Three days

the above information should be furnished by the Physician.

Place of Burial, First United Cemetery

Date of Burial, Octo. 3th 1883

Undertaker Wm Nicolaus

Place of Business, 258 Alice Anna

John H. Kelberg M. D.
Medical Attendant.

Address, 1183 Alice Anna,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7057 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 3 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Francis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Oct. 31 1883

Undertaker, Wm Jenkins & Son

Place of Business, Park & Saratoga *Address,* 188 N Gay St

Brian J Cushing M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 816 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of David and Mary Levin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 19 Barre St.

Cause of Death, First (Primary), ...

Second (Immediate), Intestinal Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, October 3

Undertaker W. Eilau

Place of Business, 101 Gough St

W. C. Sandrock M. D.
Medical Attendant.

Address New Oxford, Adams Co. Pa.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 70160

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70160 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Werner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, at least 25 years

Place of Death, {Give street and Number.} 162 E. Fayette St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), " Supposed Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, October 14

Undertaker W. Eilau

Place of Business, 101 Gough St

Chas. M. Wolff M. D.

~~Medical Attendant.~~ Coroner's Ex.

Address, 67 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 7016 *Office of Registrar of Vital Statistics.* Ward 9.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Pfisler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 64 Centre St, Space

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 4 1883

Undertaker Jno H McCoy

Place of Business, 229 W Fayette St *Address,* 11 St Paul

A L Shriver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dwyer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Years, *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 162 George st

Cause of Death { First, (Primary,) Acute Bronchitis
, { Second, (Immediate,) Asthma

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 4

Undertaker, C & B Lizzara

Place of Business,

John Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 7763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua R. Sands.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 88 *Years,* Four *Months,* Nineteen *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Rear Admiral U.S. Navy,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 163 Lanvale Street

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Greenwood, N.J.

Date of Burial, October 4. 1883

Undertaker, H.W. Jenkins & Sons

Place of Business, ~~Park & Saratoga Sts.~~ *Address,* E. of Lanvale & Fremont

M. Duvall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Clendiman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 74-1-14 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all her life (Pla...

Place of Death, {Give street and number} Baltimore City. 41 Mount Vern... Encephalitis. & General Paralysis

Cause of Death, First, (Primary.) ...

Second, (Immediate.) Stupor.

Duration of last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Glendy Cemetery (Chase + Bayard)

Date of Burial, Oct. 4th 1883

Wm H Stokes M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 141 St. Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on [illegible]

Board of Health, City of Baltimore,

Permit No. 6165 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H Ruff

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, C

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Janitor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 90 N Paca St

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4. 83

Undertaker, Abt Hemsley

Place of Business,

E Sutton M. D.,
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 70766 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and Number.} 206 Aisquith St

Cause of Death, First, (Primary,) Softening of the Brain

Second, (Immediate,) Cerebral

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial. October 4th

Undertaker, George Schilling

Place of Business,

J Whitford M. D.,
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7467 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Linnemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 571. Lee. Ave Ellis

Cause of Death, First (Primary), Febr. gastric. comp. with Malaria

Second (Immediate),

Duration of Last Sickness, ab. 7. Days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, October 4th

Undertaker George Schilling

Place of Business,

Hoffman M. D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Ph... ...rited to the Remarks Below, and... ...rth Bac...

Board of Health, City of Baltimore,

Permit No. 7768 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED REGISTRY OCT 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Paulsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany one year

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 286 N Chapel

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Oct 3th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Caston Ave

L C Wintermute M. D.,
Medical Attendant.

Address, 17 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 70169 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Benj. F. Kinney.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Policeman,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Forty-two years

Place of Death, {Give street and Number.} 47 S. Washington St.

Cause of Death, First (Primary), Fatty degeneration

Second (Immediate), Cardiac Mischief.

Duration of Last Sickness, Thirty minutes

All the above info mation should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct. 3. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway.

G. Glanville, Lee M. D.
Medical Attendant.

Address, Balt. & Wash. Pk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully ...ed to the Remarks Below, and to List of ...ases on Back

Board of Health, City of Baltimore,

Permit No. 7073 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Imhoff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Worker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Karlsst. Hessen Darmstadt, Ger.

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} 15 Canton Ave St.

Cause of death, First, (Primary,) Phthisis, followed by

Second, (Immediate,) Softening.

Duration of Last Sickness, 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 5th 1883

Undertaker, Geo B Cook

Place of Business, 1707 n Baltimore street

John A Ryan M. D.,
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 7677 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 3 1883 BALTIMORE, MD.

Date of Death, Oct 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard P. Winkel

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 177 S Paca St

Cause of Death. First (Primary), Malarial Poison

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem (Catholic)

Date of Burial, October 3rd 1883

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 76 Paca St

D Mourney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 76172 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 1 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry E. Cassell

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, ... *Years,* 5 *Months,* — *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —— Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 73 South St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 3 1883

Undertaker, Wilson & Dorsey

Place of Business, 962 E Balt St

J. W. Clark, M. D., Medical Attendant.

Address, B G D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 1073 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
OCT 3 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Walsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 341 Dunham st

Cause of death, First, (Primary,) Croup

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Hilarius Cem.

Date of Burial, October 3.

Undertaker, F. Crouch & Son.

Place of Business, 1210 Jefferson St. *Address,* 2 sc n Eden st

J. Williams *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 10774

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7577 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 3 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 3/83—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Belle Christhilf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 34 Argyle Avenue

Cause of Death. First (Primary), Scarlet Fever

Second (Immediate), Two weeks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 3d 1883

Undertaker W. C. Longfellow

Place of Business,

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore.

Permit No. 70175

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~24th~~ 1st Oct. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Kagen

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} #73 Pawlow Alley

Cause of Death, First, (Primary.) Chol. Infantum

Second, (Immediate.)

Duration of Last Sickness, 7 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, 3rd Oct. 1883

Undertaker, Lee H. Perkins

Place of Business, 217 Hanover

R. C. Smith M.D.,

Medical Attendant.

Address, #106 Col. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7176

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7176 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Hamill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 46 James alley

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, 4 October

Edward Coale M. D.
Medical Attendant.

Undertaker B Flanagan

Place of Business, West St 82 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20177 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin E. J. Dowes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 23 *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 170 Byrgundy Ay

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 5th 1883

Undertaker, John J. Meeks

Place of Business, No 15 Canal

A. M. [illegible] M. D.,
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully called to the Rules and Regulations printed on back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 19

Permit No. 7017

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED OCT 4 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Schruder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. all his life

Duration of Residence in the City of Baltimore, 188 West Baltimore St

Place of Death, {Give street and number.}

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 4/93

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,*

Medical Attendant. *M. D.,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 70179

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Mann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 487 W Fayette St

Cause of Death, { First, (Primary.) Stone in Kidneys Long time

Second, (Immediate.) Gen Debility for the 1st time 2 mo before death

Duration of Last Sickness, 3

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 4/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7161 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lizzie Doue

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 2 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 286 N. Gay St

Cause of Death, First, (Primary,) Pneumonia 1 Days

Second, (Immediate,)

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Grape Road

Date of Burial, Oct 4th

Undertaker, Geo. Schilling

Place of Business,

Irving Miller M. D.
Medical Attendant.

Address, 172 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 871 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hartmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 258 N Eden st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, H.G. Redeemer

Date of Burial, Oct 4th 1883

Undertaker, Adam Finck

Place of Business, 410 S. Paca st

Address,

J. A. Mears M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

Permit No. 7182 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Schild

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 324 E. Chase St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 5th 1883

Undertaker, Adam Fink

Place of Business, 461 W. Jay ~~St~~ *Address,* 97 N. Charles St

Thomas Shenan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 1183 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Uriah Jones.

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 53 *Years,* *Months.* *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk in the Bank

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 669 Lexington St

Cause of Death. First (Primary),

Second (Immediate). Affection of Heart and Kidneys.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 5

Undertaker J. C. Weaver

Place of Business. 202 N. Eutaw St.

Edward R. Hard M. D.
Medical Attendant.

Address, 248 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No, 6182 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jane Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 22 S. Bond

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Seven Weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 4th 1883

James E Smith M. D.
Medical Attendant.

Undertaker G. Trance

Place of Business, Pants & Vest Co *Address,* 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 4 1883
BALTIMORE, MD.

Date of Death, Oct 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie McGee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 29 Stiles St

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 29 Stiles St

Cause of Death {First, (Primary,) Diphtheritic Croup

{Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 4th 1883

Undertaker, Hay W. Mears

Place of Business, 45 N. Gay St

E Geo Walls M. D.
Medical Attendant.

Address, 477 W Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7018 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Oct 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annastatia Feeley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and Number.} 531 N. Lumbard

Cause of Death, First (Primary), Due to difficult labor

Second (Immediate), Edw J. Mitchell M D attendant

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, N. Peters

Date of Burial, Oct 4th 83

Undertaker M. Cadogan

Place of Business, 227 Whitelock St. *Address,*

..... *M. D.*

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7187 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth ~~Hartman~~ Harryman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 8 *Years,* 7 *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 107 N Hyth St -

Cause of Death, First (Primary), Natural Causes -

Second (Immediate), ——— asthenia

Duration of Last Sickness, 6 Mo -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 6th, 1883.

Undertaker H. M. Hickman

Place of Business, 34 S. Gay St.

D Sweeth M. D.
Medical Attendant.

Address, 148 [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [and] condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Burial Permit for Applicants No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 70188 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1878 J. D. & E. Co. Wilkins Farm

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not Named

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 17 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 137 Sixth St

Cause of Death, First (Primary), Prematurity

Second (Immediate), Exhaustion

Duration of Last Sickness, From Birth

All the above Info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 4th 1883

Undertaker G. Schuh

Place of Business,

J Ridgway Andrew M. D.
Medical Attendant.

Address No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7067 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Kraft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* 15 *Days,*

Color, wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~ since 1846

Birthplace, {State or country, and how long in the United States if of foreign birth.} Sidringen, Wurtemberg Germany

Duration of Residence in the City of Baltimore, about 2 yrs.

Place of Death, {Give street and Number.} 283 N. Ann St.

Cause of Death, First, (Primary,) Senile Adynamia

Second, (Immediate,) Exanition

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 5 1883

Undertaker, John Kenney

Place of Business, 382 Orleans St *Address,* 285 E Biddle St

B. F. Shore M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 70198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

RECEIVED REGISTRAR'S OFFICE OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oktober 4—83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph. Madicha

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 28 Granby

Cause of Death, First, (Primary.) Gastro Duodinal Catarrh

Second, (Immediate.) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Oct. 5. 1883

Undertaker, H. Sandis & Son

Place of Business, 22 Canton Ave

F. S. Mayer M.D.,
Medical Attendant.

Address, 1. S. Exeter St.

... from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ... physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ... as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 7011 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Deuce Groff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 108 S. Royston

Cause of Death, First (Primary), Inflammatory Rheumatism & Pericarditis

Second (Immediate), Asthenia.

Duration of Last Sickness, Seven (7) weeks

All the above information should be furnished by the Physician.

Place of Burial St Evangelic Cem.

Date of Burial, Oct 4. 1886

Undertaker H. Sandy & Son

Place of Business, 20 Canton Ave *Address,* 49 So. Broadway

J. L. Watkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 7162 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October the 3th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Wingert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Live Thime

Place of Death, {Give street and Number.} 696 Charles St.

Cause of Death, First (Primary). .....
Second (Immediate). Spasm

Duration of Last Sickness, ~~8~~ 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemtry

Date of Burial, October the 4th

Undertaker B. Hearle

Place of Business, 82 West St

Jno. R. Denson M. D.
~~Medical Attendant.~~

Address, One of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 18[illegible]
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Thomas

Sex, Male or Female, {cross out the word not required in this line.} male

Age, / *Years,* / *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} W Hamburg bet Eutaw & Pleasant st

Cause of Death, {First, (Primary,)} Pleumonia

{Second, (Immediate,)} Convulsions

Duration of last Sickness, Constant sick (called to case 2 days ago)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery,

Date of Burial, Oct 4 1883

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, William N Boyce

Place of Business, W Pratt st

Address, 205 N Bible st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. G. DOLLAHY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7019

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7124 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talbott Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 15 or 20 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary). Bright's Disease

Second (Immediate). Asthenia & Uremia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Howard county M. D.

Date of Burial, Oct 5th 1883.

Undertakers Gerry & Mitchell

Place of Business, 550 W. Fayette st

J West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 10195 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicolas Inagel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 71 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: Preston and Valley sts

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Chronic Gastritis

Duration of Last Sickness, three months

All the above Information should be furnished by the Physician.

Place of Burial, St Johns cemetery

Date of Burial, October 4 1883

Undertaker, Henry Hoop

Place of Business, 309 Eastern ave

Jno Bruce Boyle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 7096 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } child of Bartholomew Flynn & wife

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 hours ~~Years,~~ ~~Months,~~ ~~Days,~~

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cor Charles & Conway

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnybay

Date of Burial, 4

Undertaker, Dan Flynn

Place of Business, 109 West St *Address,*

S. Lucas *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 20197 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Stalling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 67 Months, Days,

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct the 6th

Undertaker, H C Wiedefeld

Place of Business, #70 Fremont Ave

Jno Brooke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7619

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7619 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Reddy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 193 Eastern Avenue

Cause of Death, First (Primary), Intemperance & Exposure

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Oct 5th

Undertaker W Lippard

Place of Business,

Chas. H. Morfit M. D.
Medical Attendant.

Address, Corner E & Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 70199 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Ogle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days,

Color, W.

Married, Single, ~~Widow~~ or Widower {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 & So. Gruny

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Asthenia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 5th

Undertaker H Leipert

Place of Business,

J. L. Winston M. D.
Medical Attendant.

Address, 74 So. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No, 10200 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simon

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 1 Shakspeare St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, St James Ceme

Date of Burial, Oct 5

Undertaker H Dix

Place of Business,

John H. Kehlberger M. D.
Medical Attendant.

Address, 143 Shakspeare St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 7201 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Edgar King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, in Month

Place of Death, {Give street and Number.} 156 Eutaw St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 5th 1883

W. T. Linn M. D.
Medical Attendant.

Undertaker Wm. G. Weaver

Place of Business No 202 N. Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10202

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10202 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Krieg

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 12 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 825 High Street

Cause of Death, First (Primary). Diptheria

Second (Immediate). Diptheritic Croup

Duration of Last Sickness, abt 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 5th

Undertaker James McGinnis

Place of Business, 163 Norman Ave *Address,* 67 E Balto St

Chas H. Wolff M. D.
Medical Attendant.

OCT 5 1883
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Permit No. 70203

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Brooks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 220 Vine St

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 220 Vine St near Carlton

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Don't know but only a few

All the above information should be furnished by the Physician.

Place of Burial, Shoop's

Date of Burial, Oct 5 1883

Undertaker, S H Chase

Place of Business, 198 Howard St

Address,

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70207 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Cook

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Middlesex Co.

Duration of Residence in the City of Baltimore, About 17 Years

Place of Death, {Give street and Number.} No 16 Union Street

Cause of Death, First, (Primary,) Supposed to be a Spinal Cord

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Not 3 or four years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 5th 1883

Undertaker, S Wehrle

Place of Business, 198 Howard St

W. R. Williams M. D.,
Medical Attendant.

Address, 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office of ... No. 10205

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10205 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hyson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 66 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co. Md

Duration of Residence in the City of Baltimore, 48 Years.

Place of Death, {Give street and Number.} 49 Perkins St.

Cause of Death, First (Primary), Asthma, Chronic Dropsy &

Second (Immediate), Bright disease of Kidneys Nursing 9 Months

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct. 5 1883

Undertaker Fry & Dye

Place of Business, 91 N Broadway

Edward P. Wright M. D.
Medical Attendant.

Address, 54 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1206

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7236 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed. Quinlan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} # 284 S. Bond

Cause of Death, First (Primary), Inanitio Nascentium

Second (Immediate), ...

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 5 1883

Undertaker H. Lunsford & Son

Place of Business, 292 Pratt *Address,* 1109 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Permits for Burials, to the Office whence issued, Saturday of each week ...n Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7207 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Duley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 345 N Lombard

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Oct 5/83

Undertaker, J. B. Cook

Place of Business, 207 N. Balto St. Address, 57 Bancroft

H. W. Nesbit, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to [illegible] each week [illegible] on Back of this Certificate.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Warren

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 26 Duxbury Alley

Cause of Death {First, (Primary,) Intemperance

Second, (Immediate,) Pneumonia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters [illegible]

Date of Burial, Oct 15" 83

Undertaker, A Ecury & Mitchell

Place of Business, 556 W Fayette St

F. N. Benson M. D

Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued Saturday of ... No. 7029

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7029 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta L Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* ... *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8. Stockholm St

Cause of Death, First (Primary), Acute-bronchitis from exposure

Second (Immediate). Dysphnea et apnea

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Shaarei Zedek

Date of Burial, 4th Oct-83

Undertaker Geo H Perkins

Place of Business, 217 Hamburg *Address,* 146 Hill St.

L. K. Frey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ints for Burials, to the Office whence issued, Saturday of each week No. 7210

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7210 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 5 1883

CERTIFICATE OF DEATH.

Date of Death, October 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Ann Goldthwaite

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } — Female —

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Nervous Prostration 4 hrs Cor 3½ hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 6th

Undertaker Geo Schilling

Place of Business,

F. G. Connolly M. D.

~~Medical Attendant~~.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office where issued, Saturday of ... week. No. 7021

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7021 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lutz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 45 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 100 Somerset St.

Cause of Death,
First (Primary), Infirmity
Second (Immediate), Chronic Hepatitis 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Oct 8. 1883

Undertaker Henry Roots

Place of Business, 309 Central Ave

Geo Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10212

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10212 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 3 1883.

Date of Death, Oct 2, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Denis Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 1107 Eastern Ave

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), 2 months

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 5 1883

Undertaker James P. Byrne

Place of Business, No 63 N Front St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10213. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Gray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Dying life

Place of Death, { Give street and Number. } 4 Ellon Lane

Cause of Death, First (Primary),

Second (Immediate) Sub Acute Peritonitis

Acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 83

Undertaker Wm. Gu. Gray

Place of Business, 45 Mulberry

A. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Permits for Burials, to the Office within [illegible] No. 76214

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76214 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octr. 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cutino

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 73 Winchester St.

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) " "

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Oct 6 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J. H. Christian M. D.,
Medical Attendant.

Address, 432 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ed, Saturday of each week. No. 91213

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70215 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Perkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 78 N. Bethel St

Cause of Death, First (Primary), acute Pustules

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Oct 6 1883

Undertaker William N Dunagee

Place of Business, No 62 East St

Dr Price M. D.
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to this Remark... and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6216 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10.5.83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Dallam

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and Number. } 109 Eutaw

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Parsonage Factory 60

Date of Burial, Oct 6. 1883

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St *Address,* 349 Penn

W. W. Eastwood *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Remarks Re... Study of Cause of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 327 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lennon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Stock Broker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 268 W. Hoffman St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial Bone Brae

Date of Burial, Oct 7th 1883

Undertaker, Lamy & Mitchell

Place of Business, 530 W Fayette St

C. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ___ is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sowers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 9 Spring Court Camden

Cause of Death { First, (Primary,) Pleuro Pneumonia
, { Second, (Immediate,)

Duration of last Sickness, 9 dys

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 6th 1880

Undertaker, H. H. Loane & Co

Place of Business, 538 W Fayette St

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ues issued Saturday of each week. 76319

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

Permit No. 3219 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Bowers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 16. Randall St

Cause of Death, First (Primary),

Second (Immediate). Congestion of the Brain

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Oktober 7

Undertaker Berch Mark

Place of Business, 82 West St.

Ferdinand Coale, M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10220

Date of Death, October 6th 1883

Name of Deceased, George Klimer

Sex, Male or Female, Male

Age, 17 yrs 6 mo

Color, White

Occupation, Steeder

Birthplace, ✓

Duration of Residence in B. C.,

Place of Death, 706 S. Charles St

Cause of Death, First, (Primary,) Malarial Fever
with Pleuro Pneumonia
Second (Immediate,)

Duration of last Sickness, 8 days

REMARKS.

Catholic
110 Eutaw
Married
October
J. Mauk
82 West St

Permits for Burial to the Officer wherein [illegible]

No. 15.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4, 1883 7 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Agnes Roaten

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 11 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 106 Cooksie Av.

Cause of Death First, (Primary.) Severe Scald.

Second, (Immediate,) Pneumonia, with probable perforation of bowels

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, October 7

L Roberts Coates M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 12 West St. *Address,* 118 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...Saturday of each week. No. 1822

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7222 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 526 S. Charles

Cause of Death, First (Primary), Apoplexy & Paralysis

Second (Immediate) Apoplexy 3rd Attack

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 8

Undertaker B. Hart

Place of Business, 42 West St

[illegible] M. D.
Medical Attendant.

Address, 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ports for Burials, to the Office whence issued, Saturday of each week. 0.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7226 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Wilson

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 21 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 9 Mos - 21 days

Place of Death, {Give street and Number.} 152 Hollins Street

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 7.

Undertaker P B Cook 707 Baltimore St

Place of Business, St Peters

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 N. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70 204

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76224 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Oct 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney McAneney

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Machinist.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death. {Give street and Number.} 77 S Booth St

Cause of Death, First (Primary), Gen'l Both Lgs. - Open ulcers

Second (Immediate), Septicemia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct. 7' 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,*

A. M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10225 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Omaron Garnish.

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days,*

Color, (colored)

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 2 years + 11 months

Place of Death, { Give street and Number. } 189 Conor Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemty

Date of Burial, Oct 6th 1883

Undertaker, Wm Jno Gray

Place of Business, 65 Mulberry

Saml F. Powell M. D.,
Medical Attendant.

Address, 29 Asquith Stn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

No. 70226

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70226 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Mich Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 77 Division St

Cause of Death. First (Primary), Lockjaw

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Oct 7 84

Undertaker Charles Scrivin

Place of Business, 271 Eutaw St

N J Quick M. D.
Medical Attendant.

Address, Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70227

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70227 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen John Preece

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 4 Bradford alley

Cause of Death, { First (Primary), ... Second (Immediate), Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Mount

Date of Burial, Oct 6

Undertaker C A Hutch

Place of Business, ...

Thos F. Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10228

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10228 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli. James

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 16 Months, Days,

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 2 St Pauls Court

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 6 '80

Undertaker, W. E. Judge

Place of Business, 62 Park Pl

E. E. Chatard Jr M. D.,
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ssued, Saturday each week. No. 10229

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 10229 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ulbricht

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and Number.} 106 Dugan's Wharf

Cause of Death, First (Primary), Otitis Media

Second (Immediate), Meningitis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Md. Carmel Cemetery

Date of Burial, Oct 7th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 170 S. Sharp St.

Wm Lemke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Returns to be made to the Office whence issued Saturday of each week. No. 7230

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7230 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. F. Westenberger

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 7 1883

Undertaker F. Haus

Place of Business, 317 Mulberry Address

West M. D.

Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] to the Returns below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 7023.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 6 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J. Kelly -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 621 W. Pratt St.

Cause of Death, First, (Primary.) Malaria -

Second, (Immediate.) Congestion of lungs.

Duration of Last Sickness, abut 7 days!

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7

Undertaker, Arnold & Denny

Place of Business,

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem av. Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of ... to the Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7237 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Gauzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 33 S. Fulton —

Cause of death, First, (Primary,) Trismus Nascentium —

Second, (Immediate,) ———

Duration of Last Sickness, 28 hrs, about

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 7

Undertaker, H. Gauzer

Place of Business, No. 826 W. Balt. St.

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70283

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

17

Board of Health, City of Baltimore,

70233

Permit No. 70283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 14 months.

Place of Death, {Give street and number.} 34 North St.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Hamden Balto Co

Date of Burial, Oct 7th 1883

J. A. Mervin M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, No 64 & 66 Druid Hill Ave *Address* 209 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

Permits for Burials, at the Office where issued, Saturday of each week. 10284

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10234 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William W Newman

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Lifty yrs

Place of Death, {Give street and Number.} 182 N. Canon

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Found dead in his Chair

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, October 8th 1883

Undertaker Wm J. Dickens

Place of Business, 65 S. Eutaw st

Alexander Tinsley M. D.
~~Medical Attendant.~~

Address, Commr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70235

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70235 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Ahlborn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* × *Months,* × *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and Number.} 126 E Baltimore St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Albuminuria

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Oct 7th 1883

Undertaker Wm. Eilau

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10236 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial. Bonnie Brae

Date of Burial. Oct. 7/83.

Undertaker Frank McBeath.

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10237

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7237 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 *Days,*

Color, B

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Monroe Alley

Cause of Death, First (Primary), Asthma

Second (Immediate), "

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 6th 1883

Undertaker W H Zebley Jr

Place of Business, 97 Druid Hill Ave *Address,* Com of Health

Geo. W. Dawson M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John Madgher

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8288 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Oct 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruby Koch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 4 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 182 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 36 hours

All the above Information to be furnished by the Undertaker.

Place of Burial, Loudon Park

Date of Burial. Oct 7th

Undertaker, [illegible]

Place of Business, [illegible]

I. C. Burdick M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office whence issued, Saturday of each week No. 7239

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7239 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the prescutation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lewis

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.} X

Age, 2. *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No. 110 Raborg St

Cause of Death. First (Primary),

Second (Immediate). Diarhoea

Duration of Last Sickness. Three weeks

All the above information should be furnished by the Physician.

Place of Burial. E. [illegible]

Date of Burial. Oct 5th 1883

Undertaker G Kunhart

Place of Business, *Address,* 300 N. Eutaw St

C. M. Nagle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 76240

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7248 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5, 93.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helena Gibson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 962 Hamburg St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel (Md)

Date of Burial, Oct 6 1893

Undertaker H. Hoss

Place of Business, 95 Lond Ave *Address,* 210 Sharp St

W. S. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70241

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70241 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Worley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ✓

Age, 2 *Years,* 2 *Months,* *Days,*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and Number.} 36 Williamson

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 1888

Undertaker H Ross

Business, 95 Conway *Address,* 313 Eutaw

R. H. P. Ellis, M. D.
Medical Attendant.

...ulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...*ther enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ...g his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...he Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...ex, age and condition (whether married or single) of the person deceased, and the cause and ... deaths of illegitimate children.

[OVER.]

Permits for ... Office whence issued, Sept ... No. 11242

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7024 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dashiells

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* ... *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 282 Hamburg St.

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Ernst

Date of Burial, Oct 6 1883

Undertaker S. Doll

Place of Business, 95 Canton *Address,* 262 Sharp St.

A. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Office whence issued, Saturday of each week. O. 10243

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8243. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Supposed - Oct 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Spangler -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Abt 20 *Years,* - *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, One day -

Place of Death, {Give street and Number.} Newsom House, Camden St # 115.

Cause of Death, First (Primary), Asphyxia

Second (Immediate), From Inhalation of Gas.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Princeton West Va

Date of Burial, Oct

Undertaker Dan. Flynn. — R. A. Bell M. D.

Place of Business, West St — ~~Medical Attendant~~ Coroner 5th Dist

Address, 161 S. Stump St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Town 3056

No. 7024

...Mark Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7024 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas W. Ruddock

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Sales man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore About 12 Yrs

Place of Death, {Give street and Number.} 707 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, October 7th 1883

Undertaker Ernst Sahlman

Place of Business, 181. Sharp

Ed. H. Bell M. D.
~~Medical Attendant~~
Coroner 3d Dist.

Address 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Eckhardt.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, allways

Place of Death, {Give street and number.} 13 Poultney St

Cause of Death, First (Primary,) Caries of Spine & General Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery *Dr* Lane Tiffany M. D.

Date of Burial, Oct 7th 1883 Medical Attendant.

Undertaker, P H Gerwald, *Address* 137 Park Av.

Place of Business, No 35 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 76346

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 16246 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard G Mackall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation Car Conductor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 6 n Mount st

Cause of Death, First (Primary), Disease of Liver & Spleen

Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 7/83

Undertaker J B Cook

Place of Business, 207 W Balto St, *Address,* 319 Hollins st

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70247 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 6 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wise

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Errand Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 225 Preston

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Oct 8th 83

Undertaker Jno Saffran

Place of Business, 127 Pennsylvania Ave

J. H. Keller *M. D.*

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 70148

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70148 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulie Browne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 8 ue Months, Days;

Color, Browne

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and Number.} No. 5. Pierce Pl.

Cause of Death, First (Primary), Gastritis

Second (Immediate), Inanition

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp Street~~ Cemetery

Date of Burial, Oct 7. 1883

Undertaker A Hendry

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention o... ...spec... ...below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 0249 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED OCT 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5th Oct 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irving L. Merrick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and Number. } 84 Lee st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two years

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial. Oct 7th 83

Undertaker, Armstrong & Co

Place of Business, 163 Light st

H. W. Nichols M. D.,
Medical Attendant.

Address, 57 Bunn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70250

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70250 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Kelly

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, Years, 4 Months, 2 4 Days,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 44 N. Stricker St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Oct 7/83

Undertaker, W. F. Kelly

Place of Business, 44 N Stricker

J. G. Lauhuemm M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9 2/14.

No. 10251

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10251 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hyson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* — *Days,* ✓

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 119 Cindy St

Cause of Death, First (Primary),

Second (Immediate). Marasmus

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 7th 83

Undertaker H. H. Sanderson

Place of Business 252 Hanover ave

E. J. Williams M. D.
Medical Attendant.

Address, 03 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7026 2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah J Gent

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N 256 Allen

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Congest stomach & Bowels

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 8th 83

Undertaker, Wm H Hickman

Place of Business, 234 E Gay St

Fletcher M. D.,
Medical Attendant.

Address, 73 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ly of each week. No. 70253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70253 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida S. VanHorn

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 28 N Bond St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate) .....

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 8 83.

Undertaker H. Ch. Weber

Place of Business, 26 Ensor St. *Address,* .....

E W Edwin
852 Balls Jr *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ial Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

//

Board of Health, City of Baltimore,

Permit No. 70284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 8 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 6th 9 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Floyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 18 *Years,* - *Months,* - *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 7 Eutaw Court

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 8 1883

Undertaker, Morgan & Pye

Place of Business, Mulberry 4t Address, 125 N. Charles St

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

the Office where issued. Saturday of each week. No. 70255

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Permit No. 70255

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Octob 7. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mary Müller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

~~Duration of Residence in the City of Baltimore,~~

Place of Death, {Give street and number.} Trinity M. No. 8.

Cause of Death, First, (Primary.) 3 Croup.

Second, (Immediate.)

Duration of Last Sickness, 3 Day's.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Octr 9th 1883

Undertaker, Peter Frey "

Place of Business, 91 Eastern Ave

C. B. K. Pitts M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70236

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70266 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 8 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Moses

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Tennessee

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 250 Argyle Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 7 Years. (12 days in Asylum)

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, October 8th 1883

Chas. H. Riley M. D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 306 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...day of each week ...

...Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70257 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 8 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mayer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 354 W. Fayette St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of Upper & Lower Extremities Right side.

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, London P.R.

Date of Burial, October 8th

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St. *Address,* 137 N. Carrollton Av.

J. H. C. Cuddy, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10258 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Kies

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States. If of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 207 Hamburg St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 8th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address,*

D Thuscan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...day of each week. No. 70259

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70259 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Brunch Finney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Danville Va

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and Number.} 343 Penna Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, Six months.

All the above Information should be furnished by the Physician.

Place of Burial, Glendy Burial Ground

Date of Burial, Oct 10th 1883

Undertaker, Thos S Hughes

Place of Business, 60 E. Balto St

Wm E Fitzgerald M. D., Medical Attendant.

Address, 343 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 70260

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70260 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette Sautter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1. *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 409 E. Balto. St.

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 8th 1883

E. P. Burns M. D.
Medical Attendant.

Undertaker S. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 10261

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10261 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenord Hassenaur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 67 Bourke St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Family Cemtry.

Date of Burial, Octr. 8th 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann,

J E Prichard M. D., Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10262

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10262 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Weigand

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 10 *Years,* 6 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} N. Gay St 264

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Paralysis of heart

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 8 1883

Undertaker John Harvey

Place of Business 382 Orleans *Address,* 224 West Fayette St

A F Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

No. 9263

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7263 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED OCT 8 1883 REGISTRAR BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward W Poyor.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days,*

Color, White.

~~Married, Single,~~ Widow or Widower, { Cross out the word not required in this line. }

Occupation House Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 185 N Ann St

Cause of Death, First (Primary). Pneumonia.

Second (Immediate). Exhaustion,

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 9. 1883

Undertaker Chas Evans

Place of Business, Valley Depot Md

J. W. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70264 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 6 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Hance

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgetown, D.C.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 62 Cross st.

Cause of Death, First, (Primary,) Tuberculous

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 9/83

Undertaker, J. B. Cook

Place of Business, 709 W. Balto. St. *Address,* 322 Hollins St

J. T. Mc Glon M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10263

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Baker

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, Four Months, eight Days.

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 289 Cathedral St.

Cause of Death, { First (Primary,) Exhaustion / Second (Immediate,) Catarrhal Pneumonia

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Oct 9

Undertaker, Thos S. Hughes

Place of Business, 60 E. Balt St. *Address*

Wm Green M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the He... ..., and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12266 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma H. Baker

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 64 Parrish St

Cause of Death, First, (Primary,) Scrofulous Tumor

Second, (Immediate,) Abscess & Blood

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 8/83

Undertaker, J B Cook

Place of Business, 707 W. Balto St, Address, 322 Hollins St

J. Mc Hood M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7026 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Otto —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 1 *Months,* 8 *Days.*

Color, ~~Color~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Household duties —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and number.} 711 Henry St - 3rd door fr. Bentalou St

Cause of death, First, (Primary,) Typhomalarial fever —

Second, (Immediate,) Asthenia —

Duration of Last Sickness, (about) 10 ds —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 9/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70268 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 8 1903 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Theresa Bonner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Ramsay St

Cause of Death, First, (Primary,) Prematurity Birth

Second, (Immediate,) Premature

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greater Eden

Date of Burial, Oct. 8/83.

Undertaker, J. B. Cook

Place of Business, 207 N. Balto St

A. Mc Colburn M. D.,
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7826

Board of Health, City of Baltimore. Ward 8

Office of Registrar of Vital Statistics.

Permit No. 7826

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — Years, — Months, — Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~Married~~

Occupation ~~Child~~ Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Asia Minor

Duration of Residence in the City of Baltimore, 21 yr

Place of Death, {Give street and Number.} Excessive Drinking

Cause of Death, First (Primary). Malarial Fever

Second (Immediate). 1 m sick

Duration of Last Sickness, 1 m

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 8th 1883

Undertaker John S. Hacker

Place of Business, 16 E Camden St

Edward Coe M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7270 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Mary M Grogan

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 80 *Years,* 7 *Months.* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years in Balt

Place of Death, {Give street and Number.} 187 N. Front St.

Cause of Death, First (Primary), —

Second (Immediate), Age & Infirmity 3 Months

Duration of Last Sickness,

All the above into mation should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 8th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Geo. Brooke Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Keepers of Cemeteries in City of ... No. 1281

Permit ... Burials, to the Office whence ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 15

Permit No. 7027

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 6, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malinda Maxwell

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* — *Days,*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Franklin, Kentucky 5 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 231 Hughes St

Cause of Death, { First, (Primary.) Apoplexy / Second, (Immediate.) " }

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Sharpe

Date of Burial, Oct 8

Undertaker, Hyland

Place of Business,

C. D Smith M. D.,

Medical Attendant.

Address, N W Cor Lee & Harr...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 10272

Board of Health, City of Baltimore,

Permit No. 10272

Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 8 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Knauff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 81 Granby St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Ball cemetery

Date of Burial, Oct 9 th 1883

Undertaker, James D Byrne

Place of Business, No 63 N Frent *Address,* 2 W Baltimore

D W Cathell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* that it shall be the duty of the Physician who attended during his or her last illness any person who died in the said city, it shall be the duty within forty-eight hours after the death, by the Undertaker, or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is respectfully invited to the Remarks ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 9 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Biscander

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 43 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Keeper of Saloon

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 67 Penn.a Avenue

Cause of Death, First, (Primary.) Fatty Heart

Second, (Immediate,) General Dropsy

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Comp.y

Date of Burial, Oct 9th

N. W. Littell M. D.

Medical Attendant.

Undertaker, A Robb

Place of Business, 48 Penn Ave

Address, Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Perm[illegible] ...uance whence

The Special Attention of Physicians is Respectfully Invited to the Remar[illegible] to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7027[illegible] *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days,*

Color, "Colored."

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 2 Liberty Road.

Cause of Death, First, (Primary.) Typhoid fever.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 4 weeks ?

All the above information should be furnished by the Physician.

Place of Burial, Sickle Vill[illegible]

Date of Burial, Oct 8 1883

Undertaker, Alf Hemsley

Place of Business,

J. Riskey M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit to ... of the Office

No. 76275

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76275 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 8 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Runk

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Two months

Place of Death, { Give street and Number. } #16 Fell St.

Cause of Death, First (Primary), Inflamination of Intestines

Second (Immediate),

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, Glenwil Pensylvania

Date of Burial, October 9th 1883

Undertaker Leonhard Würz

Place of Business, 277 S. Bond Street

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make
...s for Burials, to the Office ... Saturday of each week.

No. 9276

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7276 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Moritz Biscoe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death. {Give street and Number.} 157 Canton av

Cause of Death. First (Primary), Diptheria

Second (Immediate).

Duration of Last Sickness, Two days

The above information should be furnished by the Physician.

Place of Burial, Trapp Road

Date of Burial, Oct 9th 11

Undertaker Wm Cloak

Place of Business, 101 Gough St *Address,* 143 Aliceanna

John H. Kehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible] for Burials, to the Office whence issued [illegible] day of each week. 9702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Hollencyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 N Paca st

Cause of death, First, (Primary,) Diph Throat

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 9th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,*

[illegible] *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10278 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Weyforth

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* 22 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} N. 30 Pearl St

Cause of Death, First, (Primary,) Retroperitoneal Tumor (Sarcoma.)

Second, (Immediate,) Cachexia.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 10th/83

Undertaker, Geo Schilling

Place of Business,

Henry Salyer M. D.,
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7279 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 9 1883

Date of Death, October 7 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Martin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 1 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 205 N. Durham St

Cause of Death, First (Primary). Consumption (?)

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9 - 1883

Undertaker W M Madden

Place of Business, #46 Earl

G. F. Taylor *M. D.*
Medical Attendant.

Address, 234 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules & Regulations relative to the Certificate

Board of Health, City of Baltimore.

Permit No. 10280 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1883

CERTIFICATE OF DEATH.

Date of Death, Octo 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur W Stinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* —— *Months,* —— *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 63. Penn ave

Cause of Death, First (Primary), ——

Second (Immediate) Tuberculer Meningitis

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9 - 1883.

Undertaker Wm W Maddox

Place of Business, 76 East Pratt *Address,* 15 S Paca

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7287

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sebastian Blaum

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 Wilkens Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate) .....

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 10

Undertaker Lehane

Place of Business, ...

James Bailey M.D.
Medical Attendant.

Address, 319 Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7282 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1883

CERTIFICATE OF DEATH.

Date of Death, October 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Houlton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 1 Argyle avenue

Cause of Death, First, (Primary,) age —

Second, (Immediate,) heart failure

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, St John's Waverley

Date of Burial, Oct. 9th 1883

Undertaker, J. W. Weaver

Place of Business, #202 N Eaton St. *Address,* Ehrman & Edmondson

H Harvey Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70283 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 9 1893 BALTIMORE

Date of Death, Oct 8. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lellie May Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, three *Years,* Six *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 38 Cross St

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Prostration

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 10

Undertaker, B. Hank

Place of Business, 82 West St

W. L. Phillips M. D.,
Medical Attendant.

Address, 311 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7257 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1883 BALTIMORE MD.

Date of Death, 8th. October 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sebastian Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72. *Years,* 10 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 25. years.

Place of Death, {Give street and Number.} N. Wallingtonstreet 3.

Cause of Death, First, (Primary,) Dysenteria

Second, (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct. 9th 83

Undertaker, G. Franor

Place of Business, Barnes & Hoss *Address,*

William Henkel M. D.,
Medical Attendant
S. Wolfe & W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ... Permits for Burials, to the Office ... on BACK of this Certificate.

Permit No. 7285 — **Board of Health, City of Baltimore,**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 9 1883 BALTIMORE

Date of Death, Oct 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Mc Glocke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Excavator

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, { Give street and number. } Foster alley near Bowly's Wharf

Cause of Death, First, (Primary.) Cirrhosis of Liver

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 10th 1883

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

C F Blanke M.D.,
Medical Attendant.

Address, 59 Gaithers

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for ... 1883

The Special Attention of Physicians is Respectfuliy Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7026 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Forester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 703 No. Gardner St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Marasmus Apthae

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 10th 1883

Undertaker Wm H Hickman

Place of Business, W 234 Pratt St *Address,* 703 Gardner St.

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 3251 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} # 175 Durham St

Cause of Death, First (Primary), Entero-colitis

Second (Immediate), ...

Duration of Last Sickness, One month

the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, October 9th 83

Undertaker, H Carter & Son

Place of Business, 253 Caroline St

John H. Rehburg M. D.
Medical Attendant.

Address, 713 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Julius Bretschneidt

~~Sex;~~ Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~; { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } #87 Pulaski Park Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } dropsy.

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 10 1883

J. M. Bochwitz M. D.
Medical Attendant.

Undertaker, Henry Dein

Place of Business, 252 Alice ann st. *Address* 340 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

No. 10289

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10289 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number,} 20 Jasper St

Cause of Death, First (Primary), 6

Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Star of Hope

Date of Burial, Oct 9

Undertaker A Hensley

Place of Business,

Wm H Brown M. D.

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 70270

Board of Health, City of Baltimore,

Permit No. 7028 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 9 1893 BALTIMORE

Date of Death, Oct 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Eleventh st

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 9

Undertaker W M Dunfee

Place of Business,

Thos H Parran M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 10291

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10291 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Schoff

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 76 N. Amity st

Cause of Death, First (Primary). Membranous croup

Second (Immediate).

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, October 10th 1883

Undertaker Leonhard Kurz

Place of Business, 277 S. Bondstreet. *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Certificate for Burial, to the Undertaker.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70292 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A. Knell.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } "

Age, 2 *Years,* 1 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 1 Oxford St.

Cause of Death, First, (Primary,) Lungs — Bronchitis

Second, (Immediate,) Catarrh

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial. October 10th

Undertaker, Andr. Knell

Place of Business, 206 Columbia St. *Address,*

Edwd. A. Mans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 70293 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas.

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and Number.} #16 Marion St.

Cause of Death, First, (Primary,) Dysentery.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetary

Date of Burial, Oct 9

Undertaker, Charles A White

Place of Business, 35 Granby St.

James Bruce M. D.,
Medical Attendant.

Address, #101 John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to the Office ... No. 70294

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 Oct. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lloyd

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 N. Durham St.

Cause of Death, First (Primary,) Measles

Second (Immediate,) Catarrhal Pneumonia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 10. 4

Undertaker, M. Pleasants J.

Place of Business, 260 E. Fayette St

B F Lemard M.D.
Medical Attendant.

Address, 314 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, [illegible] of each Ward.

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 0296 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Parents Frederick & Mary Shipley)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* Two days. *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 445 Cary St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 445 Cary St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Cyanosis (Seven months)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist cemetery Bliss Road

Date of Burial, Oct 10th

Undertaker, J Ferlong Jr & Co

Place of Business, 320 Baltimore Ave

A C Pole *M. D.,*

Medical Attendant.

Address, No 1 North av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. [illegible]

Board of Health, City of Baltimore.

Permit No. 7026 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED TO REGISTER
OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Burke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, about 75 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or *Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and Number.} Mulberry St. corner Lexington

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Oct 12 1883

Undertaker Martin Fahey

Place of Business, 128 Lexington

F. Symmes M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 7297 *Office of Registrar of Vital Statistics,* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH, OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Denby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* twenty one *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Leach Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 10

Undertaker, H Ross

Place of Business, 75 Lonsdale St

Calvin Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Permits for Burials, to the Office where issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 76298 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1883

HEALTH DEPARTMENT OCT 10 1883 BALTIMORE, MD.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 22 Months, Days,

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 29 Fountain St

Cause of Death, First, (Primary,) Dif Croup

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphosus C

Date of Burial, Oct 10th

Undertaker, N Lepsel

Place of Business,

Geo. D Kinnemon M. D.,
Medical Attendant.

Address, East 2nd St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...day of each week. No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7029 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Michael

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ... *Months,* ... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} February

Duration of Residence in the City of Baltimore, 12 Yrs.

Place of Death. {Give street and Number.} 9 Donalds St.

Cause of Death, First (Primary) Albuminuria & Puerperal Convulsion.

Second (Immediate). Asthenia

Duration of Last Sickness, 24 hours. Death 5 hours after delivery

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Oct 10th

Undertaker M Leipsel

Place of Business, ...

P. L. Watkins M. D.
Medical Attendant.

Address, 77 S. Bruce Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7830 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 10 1883
BALTIMORE MD.

Date of Death, October 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Rhodes

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Saloon

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Dinans Row

Cause of Death, First (Primary), Laceration of Foot

Second (Immediate), Septicaemia

Duration of Last Sickness, 18 Days

the above information should be furnished by the Physician.

Place of Burial, Elmer Sandy

Date of Burial, Oct 10-1883

Undertaker Ammerman Bros

Place of Business, 263 Light

O. A. Cooke M. D.
Medical Attendant.

Address, 110 East ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burial, to the Office where issued, Cemetery ... Certificate of Death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 70301. 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgetta Rusto

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 4 Courtland St

Cause of Death, First, (Primary.) Phthisis Pulmonales

Second, (Immediate.) 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1883

Undertaker, Wm C Burge

Place of Business, 612 East St

Robt W Johnson M.D.,
Medical Attendant.

Address, 70 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore, 1883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Billips.

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.} Male.

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black *Sex,* Male.

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # 1 Bird Alley.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1883

J. M. Carroll, M. D.
Medical Attendant.

Undertaker, W. H. Young Address 340 E. Balto St

Place of Business, 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. XX 70303 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 10 1883
BALTIMORE MD.

Date of Death, October 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Bradford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* 15 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Baltimore-d Lifetime

Place of Death, {Give street and Number.} Hd 251 N. Caroline Street

Cause of Death, First, (Primary,) Congestive Apoplexy

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 11th 1883

Undertaker, Wm H Hickman

Place of Business, 284 N. Gay St

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday or Sunday. No. /

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 10304 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wm Herman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 99 N Howard St

Cause of Death, First, (Primary,) Intestinal Hemorrhage

Second, (Immediate,) Asthenia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Oct 10th 1883.

Undertaker, A Dickens and Co

Place of Business Howard & Madison *Address,* ...

F. E. Shatzel M. D.,

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 10205 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 10 1883 REGISTRAR

Date of Death, October 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dupped ca

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chesley England.

Duration of Residence in the City of Baltimore, Abroad Two Months.

Place of Death, {Give street and number.} 971 Franklin St.

Cause of death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

Duration of Last Sickness, Was sick when he arrived in this Country has been ailing for years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 10th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 973 Lexington St

John L. Rogers M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial, to the Office where issued. No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70306 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 10 1883 BALTIMORE, MD.

Date of Death, October 9th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George C. Linton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty One *Years,* One *Months,* Eighteen *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 332 East Monument St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 11th

Undertaker Geo Schilling

Place of Business,

Wm H. Cudmore M. D.
Medical Attendant.

Address, No 102 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

permits for Burials, to the Office whence issued. Said ... of each ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 70307 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honora Welsh

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* ... *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Lamplighter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 382 Bank St.

Cause of Death, First (Primary). Tubercular consumption of Lungs.

Second (Immediate). Combined Anaemia & asthenia

Duration of Last Sickness, about 1 year

All the above info mation should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Oct 11th 183

Undertaker M. Clark & Sons

Place of Business, 92 S. Amer *Address,* ...

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7308 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Heckly

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 1 *Year,* 5 *Months,* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 37 E. Castle

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Eclampsia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th

Undertaker H. Blackamp & Son

Place of Business, 260 E. Lombard St *Address,* 257 Aisquith

J. Fletcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... U.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7059 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Oct 10th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Berger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 2 8 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 182 Barre St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ~~~~~

Duration of Last Sickness, ~~~~~

All the above Information should be furnished by the Physician.

Place of Burial, Loudon P.K. Cemetery

Date of Burial, Oct 11th

Undertaker, H. N. Todd

Place of Business, 410 Hanover Address, 205 W. Lombard

John G. Hundley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Date

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

12 Board of Health, City of Baltimore,

Permit No. 10310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bracco

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 195 Lowndes St

Cause of Death { First, (Primary,) acute Peritonitis
, { Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 10 1883

{ *Undertaker,* Alf Hemsley
{ *Place of Business,*

L. Fawcett M. D.
Medical Attendant.

Address, 92 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... Permits for Burials to the Office who ... issued Saturday of each week. ... Remarks Below ... List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 7051 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elemuel Otts.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days,*

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 67 Plum alley.

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, about 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 10 1883

Undertaker, Alf Hemsley

Place of Business,

J. H. White M. D., Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7031

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7032 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1883

CERTIFICATE OF DEATH.

Date of Death, ~~Chris. Krig~~ Oct 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chris. Krig

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* 4 *Months,* *Days,* 1

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, { Give street and Number. } 7 Lubes Ct

Cause of Death, First (Primary). Gastro-enteritis

Second (Immediate).

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. Lutheran Cemetery

Date of Burial, October 10

Undertaker B. Houle

Place of Business, 82 West St. *Address,* 31 Light St

Patk. P. Ellis *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within rty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and e of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7031/3 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1883 10 P M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick F. Lohmyer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 N Shroder St

Cause of Death, First, (Primary,) Ventricular Convulsion

Second, (Immediate,) Catarrhal Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11 1883

Undertaker, John S. Mackey

Place of Business, No 150 Canden Address, 243 Lexington St

A. A. Latrobe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Permits & Inspectors to the Red to the Remarks Below ... of each week ... on Back of this.

Board of Health, City of Baltimore,

Permit No. 7031/4 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th — 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 11/83.

Undertaker, Mark McHugh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Ba...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 10315 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 10 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret P. Schroeter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} S. W. Cor. Lombard & Collington Ave.

Cause of Death, First, (Primary,) Injury to Spine

Second, (Immediate,) Atrophy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Patterson New Jersey

Date of Burial, Oct 11/83

Undertaker, M F Curran

Place of Business, 53 S Broadway

James E. McShane *M. D.,* Medical Attendant.

Address, 47 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7316 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Jacob Alexander

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 115 N Chapel St

Cause of Death, First (Primary), ...

Second (Immediate) Abscess

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 10

Undertaker T J Lacks

Place of Business. ..... *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, cannot be ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7037 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 9. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Wiley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ship Master

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 219 Mulberry St.

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Apoplexy

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 11th 83

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

J. W. Hook M. D., Medical Attendant,

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70818

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 10 1883

Date of Death, October 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Cobliss

Sex, Male or Female {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Cor Laurens & Division St

Cause of Death, First, (Primary.) Congestion of the Lungs

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 11th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Chas E Sattler M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Whence issued ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7039 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT. OCT 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Garnett Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 473 Monroe

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) " "

Duration of Last Sickness, 10. Days

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester Co

Date of Burial, Oct 10. 1883

Undertaker, Armstrong & Devon

Place of Business, 263 Light St Address.

H. J. Hauch M. D.,
Medical Attendant.

Carey & Brightman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3063

Permits for Burials, to be

No. 7

...vited to the ...marks Below, and to List of Diseases on Back of this Certificate.

...ealth, ...ity of Baltimore,

Permit No. ... Office ...gistrar of Vital Statistics. Ward 2

The Phy... ...ttended any person in ... ...sible for the presentation of this Certificate, *accurately filled out*, to the Un... ...her person superinten... ...within *twenty-four hours* after the death of said deceased, or sooner, if requested ... ...r penalty of law.

No Permit for ...rial can be Obtained without a Proper Certificate.

RECEIVED REGISTRAR'S OFFICE OCT 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9, 1883

Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Sarah Reinhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation ... Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and Number.} 179 Eastern Ave

Cause of Death, First (Primary) ...

Second (Immediate) Pneumonia

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 12

Undertaker Randall & Lynch

Place of Business, ... *Address,* ...

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6321 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Oyster Saucer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and Number.} Gibbs Court. (No number)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1883

Undertaker William A Burgee

Place of Business, 62 East St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 W Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

20

Board of Health, City of Baltimore,

Permit No. 70322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Hudt-

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Pennsylvania Avenue

Cause of Death, First, (Primary.) Caries of Vertebra - Psoas Abscess

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Oct 12th 1883

Undertaker, Geo Saffran

Place of Business, 124 Hanover St

Maburry Brown *M.D.,*
Medical Attendant.

Address, F & M^c Cullough —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore.

Permit No. 7323 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schmidt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 Henry St

Cause of Death, { First (Primary). / Second (Immediate). Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 11

Undertaker Clarke

Place of Business

Geo. R. Benson M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 78324 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED HEALTH DEPARTMENT OCT 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Williams

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, About 24 *Years,* *Months,* *Days,*

Color, Negro.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belair Harford County Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and Number.} 52½ Raborg St.

Cause of Death, First (Primary), Epilepsy.

Second (Immediate), Paralysis.

Duration of Last Sickness, Ten days.

the above information should be furnished by the Physician.

Place of Burial, Mar. Ldr Cemetery

Date of Burial, Oct. 12 - 1883

Undertaker W. T. Mauter

Place of Business, 46 East

Geo. C. Shannon M. D.
Medical Attendant.

Address, 176 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Sc...

Board of Health, City of Baltimore,

Permit No. 70325 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

Date of Death, Oct 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the ...more, Since Birth

Place of Death, {Give street and Number.} 257 Bank St

Cause of Death, First (Primary), Typho Mal: Q & E

Second (Immed... Enteritis

Duration of Last Sickness, 11 Days

the above info matter should be ...

Place of Burial, Holy ... Cem.

Date of Burial, Oct 11th 83

Undertaker G. Franc...

Place of Business, Bonts & Wilp... *Address,* 55 Eutaw St

E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of [illegible] Permits for Burials [illegible]

Board of Health, City of Baltimore,

Permit No. 5826 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Edwards,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Barton, Mass

Duration of Residence in the City of Baltimore, 51 Years,

Place of Death, {Give street and Number.} 25 Martin Court,

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Months,

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Oct 12th 1883

Undertaker, Grimes & Mitchell

Place of Business, 530 N. Fayette *Address,* 8 South 11

C. J. Jones, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 73327 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9. 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Mack.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 29 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 313 Hoyard St

Cause of Death, First (Primary), Phthisis

Second (Immediate). Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount

Date of Burial, Oct 11 1883

Undertaker L. H. Blase

Place of Business, Pennsylvania Ave

C. W. Boyle M. D.
Medical Attendant.

Address, 216 E. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of [illegible] to the Remarks Below, and to Line of Penalties th[illegible]

Board of Health, City of Baltimore,

Permit No. 71528 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwina Shepard.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 18 *Days,*

Color, White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Cholera Infantum —

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial. Bonnie Brae

Date of Burial. Oct. 11 1883.

Undertaker, Frank McVey

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem Ave. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 70329 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Travers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, ✓

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 259 Hanburg St.

Cause of Death, First, (Primary,) Dyptheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 11 th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. *Address,* 28 E. Chas St.

Dr. W. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 70330 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarke McAllister Tannyhill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 13 *Days,*

Color, wht

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and Number.} 219 Madison ave

Cause of Death, First, (Primary,) Premature Birth (7 mo)

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 11th 1883

Undertaker, Charles Lurman

Place of Business, 271 Eutaw St

G Lane Tannyhill M. D.,
Medical Attendant

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 70331 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION OCT 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothy Jane Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, C

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N 7 State ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmo

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Oct 11. 1883

Undertaker Wm J. Gray

Place of Business, 65 Mulberry St.

J H Watkins M. D., Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 90382 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1883 BALTIMORE, MD.

Date of Death, Oct. 10. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Belt.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Colored.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's County

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and Number.} #112 Logan's Wh.

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Pleurisy

Duration of Last Sickness, Few days

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, 12 10.83

Undertaker, Morgan & Pyle

Place of Business, Mulberry St No 9

James A. Bruns M. D., Medical Attendant.

Address, #31 W. John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 7333 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary C. Rizer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Austria

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 184 Warren St

Cause of Death, First (Primary), ——

Second (Immediate), Diphtheria

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11th 1883

Undertaker Th. Seward

Place of Business, 35 S. Eutaw St

Geo D Blake M. D.
Medical Attendant.

Address, 58 Hoen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 10334 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred & Annie Chambers.

Sex, Male or Female, { Cross out the word not required in this line. } Male -

Age, — *Years,* — *Months,* 3 — *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Malto ms.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 324 Montgomery St

Cause of Death, First, (Primary,) Prolonged Labor.

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lamb Ben

Date of Burial, Oct 11 1883

Undertaker, J R Chase

Place of Business, Biltmore

W. H. Goodman, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Steward

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 747 W. Lombard St.

Cause of Death { First, (Primary,) Tabes Mesenterica
Second, (Immediate,)

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 12th

R. C. Lee M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 10336 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10- 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. W. Jeffers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 8 *Months,* 13 *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co- Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} 59 S. Calvert St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Bronchitis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Oct 12 to 1883

Undertaker, Jos. B. Leach

Place of Business, 1612 W Baltimore Street

D. S. Phillips M. D.,
Medical Attendant.

Address, 311 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 70337 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Strivey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 59 *Years,* — *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40-45 years

Place of Death, { Give street and Number. } 259 N. Albemarle St.

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 13th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 55 N Green St

A. F. Kemp *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 70338

Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William George

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 240 Myrtle ad

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) acute Nephritis

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 12th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 12 1883

Date of Death, October 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lisek

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number} 154 Eastern Ave.

Cause of Death, First, (Primary,) Dyptheria

Second, (Immediate,)

Duration of last Sickness, In attendance 1/2 days —

All the above information should be furnished by the Physician.

Place of Burial, Frances St Cemetery

Date of Burial, October 12

W. Wilson M. D.
Medical Attendant.

Undertaker, E. Evans

Place of Business, 31 N. High *Address,* 83 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19

Board of Health, City of Baltimore,

Permit No. 70340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie R Gibson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, C

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 4 Parish alley, South Pat Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 4 Parish alley South

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Steuple St Cemetery,

Date of Burial, Oct 12 1883

Undertaker, William Wenger

Place of Business, No 62 East St

G W Ames M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Causes on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 10341

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riddick

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, Cd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 344 Crosse St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1883

Undertaker, H Ross

Place of Business, 95 Lombard St

Chas. L. Lay *M.D.,*
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1883,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bifford,

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* one *Months,* Eleven *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and number. } 18 Point Lane

Cause of Death, { First (Primary,) Bright Disease (?) / Second (Immediate,) Oedema of the Lungs.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Chas. B. Tagler M. D.

Date of Burial, Oct 13th 1883 Medical Attendant.

Undertaker, Henry Hook

Place of Business, 1803 N Eutaw St *Address* 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co

Board of Health, City of Baltimore.

Permit No. 78 843 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death. Oct 11th 1883 - 11½ A.M.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tierney

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* ——— *Months,* — *Days.*

Color. White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death. {First (Primary), Old Age

Second (Immediate).

Duration of Last Sickness. ———

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 12th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Oscar L. Coskery M. D.
Medical Attendant.
188 N. Calvert St.
Prov White

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 7034 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elliott L. Knoske

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States if of foreign birth} Hancock Maryland.

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and Number.} 193 Gwynn St Ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate) Exhaustion

Duration of Last Sickness, 1 Week

All the above info mation should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 13 th

Undertaker H. C. Windefeld

Place of Business, 90 Greenmount Ave

J H Robinson M. D.
Medical Attendant.

Address, 75 St Paul Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70345 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1885

CERTIFICATE OF DEATH.

Date of Death, October 12th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles A Knauff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 1 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md. //

Duration of Residence in the City of Baltimore, Life //

Place of Death, { Give street and Number. } 81 Granby St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia &c.

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bato Cemetery

Date of Burial, Oct 13 1885

Undertaker, Geo P Byers

Place of Business, Front St

D W Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 19

Office of Registrar of Vital Statistics.

Permit No. 70346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 11. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Simms

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Nine (9) *Years,* — *Months,* two (2) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pupil of St Martins Parochial School

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Mary's County Maryland.

Duration of Residence in the City of Baltimore, Ten (10) months

Place of Death, {Give street and number.} Corner N E, Saratoga St & Fulton Av.

Cause of Death, First (Primary,) Tuberculosis —

Second (Immediate,) Diarrhoea —

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, Oct 12 1883

Undertaker, J. B. Blackiston

Place of Business, 562 Pranklin St

J. R. Baden *M. D.*
Medical Attendant.

Address, 244 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burial

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 70347 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Walker Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 169 Edmondson avenue

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 25 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 13th 1883

Undertaker, Denny & Metcalf

Place of Business, 550 W. Fayette st

J Harvey Knox M. D.,
Medical Attendant.

Address, Baltimore & Hendrix

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70348 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis T. Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 365 Franklin St

Cause of Death, First, (Primary,) "Typhoid Fever"

Second, (Immediate,)

Duration of Last Sickness, 4 days 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Octo: 13/83

Undertaker, F. Louis Schaefer

Place of Business 109 Fremont St *Address,*

Jno. G. Loutitt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

12

Board of Health, City of Baltimore,

Permit No. 10349

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 12th 83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Alice McIntire

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, { Give street and number. } 12 Barre St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Pulmonary Consumption.

Duration of Last Sickness, Months 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 14th

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

E. M. Rait M. D.
Medical Attendant.

Address 243 N. Gamb... St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70388 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lot W. Ridgely

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58, 58. *Years,* *Months,* *Days,*

Color, W hite

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

~~*Occupation*~~, Gentleman of Means

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 337 Lanvale St.

Cause of Death, First, (Primary,) Carbuncle

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 13. 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Jas. G. Linthicum M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 10867 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Stamm Warfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* twenty seven *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 138 S Paca St

Cause of Death, First, (Primary,) Whooping cough

Second, (Immediate,) Diarrhea & Marasmus

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 13th 1883

Undertaker, John J Mackin

Place of Business, No 150 Camden

Elias C Price M. D.,
Medical Attendant.

Address. 267 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Cer...

12

Board of Health, City of Baltimore,

Permit No. 7636-2

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents names

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} James Berry and Mary Berry

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 158 Camels alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 158 Camels alley

Cause of Death, First, (Primary.) Asphyxia from Carbureted

Second, (Immediate.) asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 11

Undertaker, H. H Bishop

Place of Business, 97 Druid Hill Ave

C B Gambrill M.D.,
Medical Attendant.

Address, 69 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7033 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1883 BALTIMORE, MD.

Date of Death, Oct 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Smithson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} 66 Davis Alley

Cause of Death, First (Primary), Scrofula

Second (Immediate). Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1883

Undertaker A. J. Jordan

Place of Business, 65 Park Ave

Geo. W. Bork M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ~~illness~~ kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak~~er~~, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ~~color~~ and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 16

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70354 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH
OCT 12 1883
BALTIMORE, MD.

Date of Death, Oct 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Nuestadt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Nine *Years,* Seven *Months,* Eight *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 192 S. Howard St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Sepsis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 12th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Gray *Address,* 47 Cornaw St

W. Lawrence A. Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

//

Board of Health, City of Baltimore,

Permit No. 7335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Nichols

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Seven *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, whole lifetime

Place of Death, {Give street and number.} 144 Tyson St.

Cause of Death, First (Primary,) Scirrhous Cancer of Breast

Second (Immediate,) Malarial Fever

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, ~~Lauri~~ Mt Hope

Date of Burial, Oct 12 1883

Undertaker, W H Chase

Place of Business, 198 Howard St *Address*

W. H. Thompson M. D.
Medical Attendant.

41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 8366 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 28 E. Church Lane

Cause of Death, First, (Primary,) Inflammatory Croup

Second, (Immediate,) ...

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial Mount Olive

Date of Burial, October 13

Undertaker, P Harle.

Place of Business, West St 82.

Lord Smith M. D.,
Medical Attendant.

Address, 281 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70357 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 12 1883 BALTIMORE MD.

Date of Death, Oct 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Fred Gaebe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 6 *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 195 Pa ave

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 13th

Undertaker, C Rohde

Place of Business, 48 Penna ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 213 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10355 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 11. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Wiekuis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Car Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 384 Penna Ave

Cause of Death, First (Primary), Drinking Carbolic acid mixture

Second (Immediate),

Duration of Last Sickness, Suicide - 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th

Undertaker A. Bokde

Place of Business, 48 Penn Ave

Alexander Imiley M. D.
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore.

Permit No. 10357 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1888 BALTIMORE MD.

Date of Death, October 12 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Molly Wolff

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, 31. *Years,* — *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 102 N. Hughes St

Cause of Death, First (Primary), Bright's Kidney

Second (Immediate), Phlebitis after Miscarriage as Septicaemia

Duration of Last Sickness, a moment

the above information should be furnished by the Physician.

Place of Burial Fell Point Cemetery

Date of Burial, October 14 Christopher D. Griffith M. D.

Medical Attendant.

Undertaker L. Threet

Place of Business, 31 N. High *Address,* 82 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70360 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Williamson Slouch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 Burrough St.

Cause of Death, First (Primary),

Second (Immediate). Laryngeal Diphtheria

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, October 13

Undertaker P. Marle

Place of Business, 82 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert... No. 7...

Board of Health, City of Baltimore.

Permit No. 7036 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Stumpf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 Years, 52 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All 20 Yrs

Place of Death, {Give street and Number.} Sand bank near Fort Av & Bowers St

Cause of Death, First (Primary) Caving in of Sand bank which he was Working in

Second (Immediate) Suffocated

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross C.

Date of Burial, Oct 14th 83

Undertaker B. Hart

Place of Business, 82 West St

E. A. Beck M. D.

Medical Attendant.

Coroner

Address 121 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7[illegible]

Board of Health, City of Baltimore,

Permit No. 70362 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Annie H. Boudar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months.* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 263. N. Stricker

Cause of Death, First (Primary), Inflammation of the Brain

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 14th 83

Undertaker Hopkins & Son

Place of Business, Park & Saratoga

Edw F. Michael M.D.

Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 70363 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* ... *Months,* ... *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Barbadoes W. I.

Duration of Residence in the City of Baltimore, 60 days

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First, (Primary,) Pleuritic Effusion } Pancreatic Hepatic Abscess

Second, (Immediate,) Oedema of Lung

Duration of Last Sickness, 50 days

All the above information should be furnished by the Physician.

Place of Burial, East Balto Public

Date of Burial, Oct 12/83

Undertaker, Ger Kenehart

Place of Business, *Address,*

Wallace Wyman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 10364. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Robertson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} Elbow Lane Home not Known

Cause of Death, First (Primary), Natural

Second (Immediate), Spasms

Duration of Last Sickness, 1 day 5

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 13 1883

Undertaker H C Ross

Place of Business 95 Common

J. K. L. [illegible] M. D.
Medical Attendant.

Address, 195 East Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7365 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabette ~~Goyal~~ Dezel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 75 *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } asylum of the Little Sisters of the Poor Preston and Valley sts

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Infirmity

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Oct 13. 1883.

Dr. Smoke Boyle M. D.,
Medical Attendant.

Undertaker, John Keenan

Place of Business, 382 Orleans st. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70366 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 11. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Braun

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 31 *Years,* 6 *Months.* *Days,*

Color, w Lite

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, 1 hist. 11 yeas.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Federal & Chester Sts.

Cause of Death. First (Primary). Carcinoma of Duodenum.

Second (Immediate). Inanition.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 14th

Undertaker Geo. Schilling

Place of Business,

G. Glanville Rusk M. D.
Medical Attendant.

Address, Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

9

Board of Health, City of Baltimore,

Permit No. 10367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj. F. Hunt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* X *Months,* X *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 27 yrs,

Place of Death, {Give street and number.} 67 N. Frederick St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 14th

Undertaker, Geo Schilling

Place of Business,

S R Brunt M. D.
346 Park Ave. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of S

Board of Health, City of Baltimore,

Permit No. 70366 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 13 1883

CERTIFICATE OF DEATH.

Date of Death, Half past Two P.M. Friday October 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Wilby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Seventy Four *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Schoolmaster

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his Life

Place of Death, { Give street and Number. } Aged Mens Home, Frankly Square

Cause of Death, First, (Primary,) Dropsy,

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, Sat 13th Oct 1883

Undertaker, Wm Jenkins Sons

Place of Business, Park & Saratoga Sts *Address,* 1 Waverly Terrace

Geo K Taylor M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7036 9 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 13 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvina Shelky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 70 Camden St

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 0 2

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 14th

Henry Tabor M. D.,
Medical Attendant.

Undertaker, H. N. Tovell

Place of Business, 131 Hanover St. *Address,* 164 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 10378 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McGilton

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Sail Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn N.Y.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Dissipation & Exposure

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E.D.

Date of Burial, Oct 13

Undertaker C. Linehan

Place of Business,

F.G. Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

19 Board of Health, City of Baltimore,

Permit No. 7371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L Shermeta

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 928 W. Ball St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Abt. eight days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 14/83

Undertaker, JOSEPH B. COOK,

Place of Business, Undertaker &c.

707 W. BALTIMORE ST.,

BALTIMORE

G Wayne M. D.

Medical Attendant.

Address, 283 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

/0 Board of Health, City of Baltimore,

Permit No. 70372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Emerick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~ *Years,* four *Months,* two *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 197 Paca St.

Cause of Death, {First, (Primary.) Entero-colitis

Second, (Immediate.)

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 14/83

Undertaker, J. B. Cook

Place of Business, 202 N. Balto St.

W. B. Rider M. D.
Medical Attendant.

Address, 198 N. Bremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...BURLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 8373 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1883

CERTIFICATE OF DEATH.

Date of Death, October 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest R. Forsyth.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 248 Light St.

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Bolt. Cemetery

Date of Burial, 10/14 83

Undertaker Armstrong & Denn

Place of Business, No 263 Light

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7934 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Wilhelm Burkard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 236 W. Biddle st

Cause of death, First, (Primary,) Inflam. mucus membran throat & Lungs

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Octobor 15

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Caleb Winslow M. D.,
Medical Attendant.

Address, 43 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 70375 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Stern

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* × *Months,* × *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 ~~55~~ years

Place of Death, {Give street and Number.} 5 N High St

Cause of Death, First (Primary), Brights disease of Kidney

Second (Immediate) ~~Dropsy~~ Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinia Cemetry

Date of Burial, 14th Oct

Undertaker Wm Eilau

Place of Business, 101 Gough St *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 10376 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Sage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one 66 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Boots Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath Maine

Duration of Residence in the City of Baltimore, about 80 years

Place of Death, {Give street and Number.} 437 E. Eliard Street

Cause of Death, First, (Primary,) Softening of the Brain

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial, Bells country

Date of Burial. Oct 14 1883

Undertaker, John W Jackson

Place of Business, Gay & Eden

James D Hilford M. D.,
Medical Attendant.

Address, 195 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7677 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Obelt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 mo

Place of Death, {Give street and Number.} 76 S Durham St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Redeem Cem

Date of Burial, Oct 13th 83

Undertaker, G. Franc

Place of Business, Bank & Wolfe

Geo. L Kinemon M. D.,
Medical Attendant.

Address, 76 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 10378 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 117 Columbia St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 14th 1883

Undertaker John S. Machen

Place of Business, No 150 Lemmon St

J H Hanna M. D.
Medical Attendant.

Address, 76 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7059 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Turpin

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, 21 *Years,* ~~Months,~~ ~~Days.~~

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 246 N Pethel st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 13th 1883

Undertaker J. J. Locke

Place of Business, #73 Jefferson *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7038 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louie Edwin Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 60 Fairmount

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Since Monday Oct 8th

the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Oct. 14. 1883

Undertaker M. A Daige

Place of Business, 74 S. Bway

Jno. E. Donnelly M. D.
Medical Attendant.

Address, 270 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. /

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7381 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Unknown Body found October 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. McCullough (Supposed)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Bells Wharf -

Cause of Death, First (Primary). Accidentally drowned (Supposed)

Second (Immediate). Sudden Death -

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Harmony Grave Yard

Date of Burial, Oct. 14. 1883

Undertaker H. A. Dauer

Place of Business, 74 S. Broadway

Chas M. Moffit M. D.

Coroners ~~Medical Attendant.~~

Address, 69 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 7032 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1883 8 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A. Myers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Cooper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and Number. } 161 E. Ave.

Cause of Death. First (Primary). Acute Alcoholism

Second (Immediate).

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Oct 15

Undertaker H. Disque

Place of Business,

James E. Donelle M. D.
Medical Attendant.

Address, 2916 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. /

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 70383 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Burcowich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 3 Shakspeare St

Cause of Death, First (Primary), Convulsions (Infantile)

Second (Immediate). .....

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Alpharetta Grave yard

Date of Burial, October 14 - 2 o'clock P.M.

Undertaker John Brown

Place of Business, 224 S. Bethel St

John H. Kohlenberg M. D.
Medical Attendant.

Address, 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 70884

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 12th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Chambers

~~Sex, Male~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow Widower~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace; {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 113 Raborg St

Cause of Death, First, (Primary.) Mitral Insufficiency - with Hypertrophy & Dilatation

Second, (Immediate.) Cardiac Failure

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 - 1883

Undertaker, W M Madden

Place of Business, 46 East Pl.

E S Coulson *M.D.,*
Medical Attendant.

Address, 244 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10287 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Whitehead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 16 Hills Lane

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 15 - 1883

Undertaker, W. H. Mallon

Place of Business, 7 East Pratt

J E Gruch M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7386 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Dyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixteen

Place of Death, {Give street and Number.} 28 Lurs St

Cause of Death, First (Primary). Asphalanx Convulsions

Second (Immediate).

Duration of Last Sickness, 10 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Lamet Cemetery

Date of Burial, Oct 14 1883

Edward [illegible] M. D.

Medical Attendant.

Undertaker Mr W Madden

Place of Business, 46 East St *Address,* 87 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 76387 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1883

CERTIFICATE OF DEATH.

Date of Death, October 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Davis

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation ~~Cook~~ Laundress.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and Number. } 62 Wilmer al

Cause of Death, First (Primary).

Second (Immediate). Heart Disease

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Spring St Cemetery

Date of Burial, Oct 13th 1883

Undertaker D M Perkins

Place of Business, 217 Hanover St

Alexander Tinsley M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10388

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10388 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l H. Whittington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 145 Saratoga St

Cause of Death, First, (Primary,) Acute Renal Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Negative

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 15th 1883

Undertaker, John S. Mosher

Place of Business No 150 Saratoga St

Geo. W. Baker M. D., Medical Attendant.

Address, 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 61

Permit No. 10389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11, Months, 6, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 32 Chauncy St

Cause of Death, First (Primary,) Peritonitis Ch Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lane Bennett

Date of Burial, Oct 14 1883

Undertaker, J J Lock

Place of Business, #73 Jefferson St

Sam'l J Bell M. D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 70396 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo E. Buckenhardt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bookmaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 E. Monument St.

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 15, 1883

Undertaker Henry Hoeck

Place of Business, 309 Central Ave *Address,* 54 Augusta St

Edward F. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 76391 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fegler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 77 Wyeth Street

Cause of Death, First (Primary). ~~Heart~~ Cholera Infantum

Second (Immediate). Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 15th

Undertaker F. N. Ecoff

Place of Business, 1131 Hanover St. Address, 1957 Mt Lemmon St

H. Wiley Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 70392 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Elzilla Stone

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1, 23, *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Bank St Balto

Cause of Death, First (Primary), Contusion of Brain

Second (Immediate), Concussion Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Meh Carmel Cemetery

Date of Burial, Oct 14th 1883

Hiram Hull M. D.
Medical Attendant.

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 151, Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. /

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 76393 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Ruth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 13 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Bel air Avenue opposite-Weisners Brewery

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Holly Redeemer Cemetery

Date of Burial, Oct 15th

Undertaker Geo Schilling

Place of Business, ...

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... [illegible]

Board of Health, City of Baltimore,

Permit No. 703 94 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. N. Thorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 13 Harris Alley

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cem

Date of Burial, Oct 14th 1883

Undertaker, Chas F. Scriven

Place of Business, 2711 Eutaw St

J. H. Jones M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 70395 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J. H. Jacobs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ——— *Days,*

Color, ~~W~~ White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 652 N. Charles

Cause of Death, First (Primary). ———

Second (Immediate). Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Pitters C

Date of Burial, October 14

Undertaker B. Hunt

Place of Business, 52 West St

Rhodes G & Co M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fisher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 54 Front avenue

Cause of Death First, (Primary.) Heart Disease

Second, (Immediate,) General Dropsy

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Oct 14th

Undertaker, B. Hurly

Place of Business, 82 West St

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 76397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McGee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 17 Haw st

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Wash St 6

Date of Burial, Oct 14 1883

Undertaker, H C Bass

Place of Business, 95 Conway Address, Hanover Barnum

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 10398 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 21 E Eutaw St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Enteritis,

Duration of Last Sickness, about 4 days

the above info matter should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, October 16 1883

Undertaker, H C Sanders & Son

Place of Business, 352 Eutaw St *Address,* 03 E Eu. St

E. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 10399 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and Number.} 431 Eastern Avenue

Cause of Death, First (Primary).

Second (Immediate). Old age

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Town

Date of Burial, October 15th 83

Undertaker Henry Sander & Son

Place of Business, 252 Gaulon Ay *Address,* 207 S Broadway

Wm Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 70407 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rosa Schlegel

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 69 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 185 South Ann St

Cause of Death, First, (Primary,) Chronic Gastritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial. Mount Olivet

Date of Burial. October 15th 83

Undertaker, G. G. Sanner & Son

Place of Business, 252 Canton Av

Jas E Gilstrow M. D.,
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 90407 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 10 "Mo 13" 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William McCole

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, City Commissioner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 69 Years

Place of Death, { Give street and Number. } 85 North Dean St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Gangrene of Lower Limbs.

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Oct 15th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway Address, 306 Madison Avenue

W. Riley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 70462 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Ridgway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and Number.} 3 Woodyear Ct

Cause of Death, First, (Primary,) Paralysis from Cerebral

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 0 0 1 y

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 15th 83

Undertaker, Saml N Shaw

Place of Business, 198 Druid

I. E. Atkinson *M. D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore.

Permit No. 90463 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam'l J. Patterson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White,

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death. {Give street and Number.} 34 Jackson St

First (Primary), Senility,

Cause of Death,

Second (Immediate), Asthenia,

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 15th of Oct. 1883

J. W. Hoick M. D.
Medical Attendant.

Undertaker Henry McGinnis

Place of Business, 8 N. Central Ave *Address,* 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 7407

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Knoblauch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* —— *Months,* 2 *Days.*

~~Color~~,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore — ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 87 Monroe St

Cause of death, First, (Primary,) Enteritis —

Second, (Immediate,) Asthenia —

Duration of Last Sickness, 1 week — about

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 15th October

Undertaker, John J. Parks

Place of Business, ~~Undertaker~~ *Address,* 642 W. Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7405 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 13" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Frost

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 93 Raborn st

Cause of Death. First (Primary), Marasmus

Second (Immediate).

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 15/1883

{*Undertaker* Annty Ann

Place of Business, 263 Light St} *Address,* 110 Fortac

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7456 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 15 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Wood Turner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 57 E Monument St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16th 1883

Undertaker Denny & Mitchell

Place of Business, 165 S Broadway

E. O'Sullivan, M. D.
Medical Attendant.

Address, 83 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7407 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotta A Andrews

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 53 S Paca St

Cause of Death, First (Primary), Pul Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct. 15th, 1883.

Undertaker Wm. H. Hopkins

Place of Business, 234 N. Gay St.

Daniel E Dimke M. D.
Medical Attendant.

Address, 496 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 5438 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14. 1883,

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Kuyawa

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death. {Give street and Number.} 15 Shakspeare

Cause of Death, First (Primary), Croup (True)

Second (Immediate),

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, 38 Alphonso St

Date of Burial, Oct 15 th

Undertaker W Lippard

Place of Business,

John H. Rehberger M. D.
Medical Attendant.

Address, 2434 Eden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

No. ...

Board of Health, City of Baltimore,

Permit No. 70409 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Margaret O'Leary

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* ... *Months,* ... *Days,*

Color, white

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Sixty six years.

Place of Death, {Give street and Number.} 28 S. Collington Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate). Haemoptysis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Oct. 15. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway

G. Glanville Rees M.D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7440 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. 11th October 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Keenal

Sex, Male or Female. {Cross out the word not required in this line.}

Age, *Years.* 78 *Months.* *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: Preston and Valley Sts

Cause of Death. First (Primary). Congestion Lungs

Second (Immediate).

Duration of Last Sickness three weeks

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross Cemetery

Date of Burial, October 16th 1883

Undertaker Henry Whelthes

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7041 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 1383
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Dixon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 *Years,* 1 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 69 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebro-Spinal Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, October 16

Undertaker, B. Hauch

Place of Business, 52 West St

I C Bunch M. D.,
Medical Attendant.

Address, 15 1/ Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2712 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the prescutation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT. 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie L. F. Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 15 alley alley

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Oct 16 Edward Otis M. D.

Medical Attendant.

Undertaker B. Mark

Place of Business, 62 West ft *Address,* 1469 Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7073 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1883 BALTIMORE, MD.

Date of Death, Oct 14. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morgan Royal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 years *Years,* *Months,* *Days,*

Color, wht.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 95. E. Eager

Cause of Death, First, (Primary.) Deiphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 15th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

G Lane Taneyhill M. D.,
Medical Attendant.

Address, 719 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7707 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lehman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Busk St.

Cause of Death, First, (Primary,) Consumption & Cirrhosis

Second, (Immediate,)

Duration of Last Sickness, 10 Years

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, Oct 15 1883

E. B. Fenby M. D.,
Medical Attendant.

Undertaker, John F Kenney

Place of Business, 382 Orleans St *Address,* Co. Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7410 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Alfred Burgan

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} No 4 E Eager St.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cemetery

Date of Burial, Oct 15 1883

Undertaker James A Byrne

Place of Business, 163 N Front *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2416

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2416 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1862

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Dwyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 16 Exeter

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 16 1862

Undertaker James A Byrne

Place of Business, No 63 Sth Front *Address,* 171 2 Colvin

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10417 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OCT 15 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 – 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Fleming

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 66 *Years.* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 95 Aliceanna st

Cause of Death, First (Primary), Chronic Dysentery

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 16 1883

Undertaker James A Byrne

Place of Business, 163 N Front *Address* 3 N. Bond

P. G. Daniel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70418 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1883 - 8 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Pyer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~ Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if not foreign birth } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death { First (Primary). Old Age

Second (Immediate).

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Oct 16 1883

Undertaker James D Byrne *Place of Business,* No 63 N Front *Address,*

Joseph H. White M. D.
Medical Attendant.
St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 671 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 15 1883
BALTIMORE, Md.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Woolford

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queenstown Co Cork

Duration of Residence in the City of Baltimore, 20 Years

Place of Death. {Give street and Number.} 161 Dover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Glenwood

Date of Burial, Oct 15 1883

Undertaker H. Ross

Place of Business, 92 Lombard

Dr. Ford M. D.
Medical Attendant.

Address, 161 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 10420

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10420 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Louise Farber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 44 Hanover St.

Cause of Death, First (Primary), Consumption of the Lungs.

Second (Immediate), Dropsy

Duration of Last Sickness, 2 months.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16th 1883

A R Arnold M. D.

Medical Attendant.

Undertaker Ernst Schluender

Place of Business, 121 Sharp St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7042 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octr. 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Virginia Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 6 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 393 Pennsylvania Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bone Breer Cem.

Date of Burial, Oct 16th 1883

Undertaker, John J Andrews

Place of Business 16 & 18 Druid Hill Ave

J. D. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 2422 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1883

CERTIFICATE OF DEATH.

Date of Death, Oct-14th-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ineil Helen White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 3 *Years,* 7 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 131 Bank St

Cause of Death. First (Primary). Diphtheria

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cy

Date of Burial, Oct 15th 1883

Undertaker John S Mackie

Place of Business, 1650 Eastern Av

J H Gurney M. D.
Medical Attendant.

Address, 76 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 5423 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Oct 15/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Jeffery

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* — *Months,* — *Days,* ✓

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 402 West St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 17th 1883

Geo D Blake *M. D.*
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 158 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6424 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 14th Oct 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Goodman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 181 Pennsylvania Ave

Cause of death, First, (Primary,) Gastro Enteritis

Second, (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 17th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10425

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10425 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 13 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Dahle

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.} Female

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 723 W. Fayette St

Cause of Death. First (Primary), Cancer of the Womb

Second (Immediate),

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 16th 1883

Undertaker Henry W Mears

Place of Business, 45 N. Gay St *Address,* 145 Asquith St

S. F Cogner, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10426

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Kiff

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Carver

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 54 Patterson Park Ave

Cause of Death, { First (Primary,) Phthisic Pulmonalis / Second (Immediate,) }

Duration of Last Sickness, Month 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Octo 16. 1883

Undertaker, H. Sandow Son

Place of Business, 257 Canton Ave.

James E. Donelle M.D.
Medical Attendant.

Address, 299 E Balto. St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

4

Permit No. 7627

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alevia Myers.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 1 *Months,* 3 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 49 Mulliken Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 17th 1883

Undertaker, Wm. H. Dunn

Place of Business, 62 East, St

H. H. Goodman M.D.,
Medical Attendant.

Address, 18 Columbia ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 15 1883 BALTIMORE MD.

(13)

CERTIFICATE OF DEATH.

Date of Death, 18th October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip H. Lemon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 33. *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto State Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 330 E. Fayette st.

Cause of Death First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) asthenia

Duration of last Sickness, Seven days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 15th 1883

Undertaker, Wm. A. Dangee

Place of Business, 62 East, st

J. J. Simms M. D,
Medical Attendant.

Address, 242. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No, 8429 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 15 83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edelmann

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 h. Caroline

Cause of Death. First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 17 = 83

Undertaker Peter Frey

Place of Business, 91 Eastern Av

C. Hattes M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... this Certificate.

7

Board of Health, City of Baltimore,

Permit No 70-30

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, October 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Imwold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, sexty (60) *Years,* and eleven (11) *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Savier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 ...

Place of Death, {Give street and number.} Thyson Str. № 3.

Cause of Death, First (Primary,) dyspepsy

Second (Immediate,) bilious fever.

Duration of Last Sickness, fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Oct 16th 1883

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, Geo Kaffman & Son

Place of Business, 121 Lemmon Ave

Address 119 Hanover-str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10431

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10431 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
OCT 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Margaret Radecke

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 70 *Years,* 8 *Months,* 11 *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 Years

Place of Death, {Give street and Number.} 71 N Fremont St.

Cause of Death. First (Primary). Chronic Liver Disease

Second (Immediate). Dropsy.

Duration of Last Sickness, about 2 Month.

All the above information should be furnished by the Physician.

Place of Burial St Paul Cemetery

Date of Burial, Oct 17th 1883

Undertaker J. Jakel Theis

Place of Business, 157 E Madison St *Address,* cor Mulberry & Myrtle Aves

Louis (S) Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of ... is Requested to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10432 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 16/83.

Undertaker, Frank McVey.

Place of Business, Fulton & Franklin

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Baker av. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7433 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1888

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Eccles

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1 New Amsterdam

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Oct 16

Undertaker H. Greer

Place of Business,

A. Zoll Shaw M. D.
Medical Attendant.

Address 1 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 1054

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 5437 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Tutte

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 172 E. Hoffman St

Cause of Death, { First (Primary), Phthisis Pulmonalis

Second (Immediate), Tuberculosis

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Oct 16

Undertaker W Dyer

Place of Business,

Jno. E. Donelan M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7486 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Major Holden.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 50. *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 9 Years.

Place of Death, { Give street and Number. } #6 E. Alley.

Cause of Death, First, (Primary,) Diarrhoea.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Wharf St. Cemetery

Date of Burial, Oct. 15, 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St.

Samuel Brown M. D., Medical Attendant.

Address, #51 W. John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 70436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 15 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoffman Jr.

~~*Sex*~~, *Male* or ~~*Female*~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 183 McCulloh Street

Cause of Death, {First (Primary,) Diphtheria
{Second (Immediate,) Asthenia.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 16 th 1883

Undertaker, Wm Gustus Jones

Place of Business, Park & Saratoga St

Sam'l Johnston M. D.
Medical Attendant.

Address 80 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7437 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiel J. D. Knight.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 59 Years, *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Stone cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 15 & 20 "

Place of Death, {Give street and Number.} 638 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate). Pulmonary Tuberculosis

Duration of Last Sickness, One Year

All the above info matter should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 16/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 152 Sharp St

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10436 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1883 BALTIMORE, MD.

Date of Death, Oct. 15/83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H. Frese

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Month.* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace ~~.....~~ {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore —

Place of Death, {Give street and Number.} 30 Bank St.

Cause of Death. First (Primary), Pertussis

Second (Immediate). .....

Duration of Last Sickness. 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, Oct. 16th

{*Undertaker* Jh. Funk

{*Place of Business,* 35 Bank St. *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70439 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter. E. Mates

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 609 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, October 16

Undertaker, B. Gheen & Co

Place of Business, 62 West St.

J. C. Buch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10470 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur McKenna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 33 Year

Place of Death, {Give street and Number.} No 73. S. Caroline

Cause of Death, First (Primary),

Second (Immediate). General Debility & old age

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Oct 16/83

Undertaker Henry W. Linnard

Place of Business, 8 N Central av *Address,* 237 E. Baltimore

A. F. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10441 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 65 Lexington St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16/883

Undertaker H R Ross

Place of Business, 95 Conway St

Howard Lodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10442

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10442 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 65 Ledenhall St

Cause of Death, First (Primary),

Second (Immediate) Whooping Cough

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16 1883

Undertaker H Ross

Place of Business, 95 Broadway *Address,* 146 Aisquith

Thomas Burke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7423 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 16 1883

Date of Death, Oct. 15, 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. McCabe

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower.* {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 17

Place of Death, {Give street and Number.} 138 N. Schroeder

Cause of Death, First (Primary). Heart disease

Second (Immediate).

Duration of Last Sickness. 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, National Port of London Ark.

Date of Burial, Oct 17th 83

Lewis M. Eastman M. D.
Medical Attendant

Undertaker Mathew Coburn

Place of Business, 22 Hanover St. *Address,* 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kent Boyle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Printer and Publisher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 62 Barre Street

Cause of Death { First, (Primary,) Cirrhosis of Liver
, { Second, (Immediate,) —

Duration of last Sickness, Nine weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 17th 1883

Undertaker, John S. Mackie

Place of Business, 1015 E. Baltimore

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Number Below, and of List of Diseases at back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7775 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 16 1883 BALTIMORE

Date of Death, Oct 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 396 Madison Ave

Cause of Death, First, (Primary.) Cancer of the

Second, (Immediate,) Paroted

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, Oct 17th 1883

Undertaker,

Place of Business, 30 York Ave

Edmund R Walker M.D.
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 10

Permit No. 3476 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15th October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abby Edwards,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 57 years,

Place of Death, {Give street and Number.} NW 11/2 South Carey St

Cause of Death, First, (Primary,) Pneumonia,

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, 10 days,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Oct 16 1883

Undertaker, Dennis Mitchell

Place of Business, 551 W Pratt *Address,* W. Fayette, Robt Jones M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76247 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 14, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Thos

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, 2 yr. since

Place of Death. {Give street and Number.} No 236 E Lanvale st

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsos C

Date of Burial, Oct 16

Undertaker W Leipper

Place of Business,

M. D.
Medical Attendant.

Address, 21 S Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10448 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, 14th October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Jane Kadner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 8 Walker St

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, Octo 16 1883

Undertaker John Mooney

Place of Business, 852 Lombard St *Address,* 137 Columbia St

J. H. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10479 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH OCT 16 1893 BALTIMORE

Date of Death, October 15th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Bigler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* / *Months,* 23 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and Number.} 124 S. Wolfe St

Cause of Death, First (Primary),

Second (Immediate). Enteritis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, 10-16

Undertaker [illegible]

Place of Business,

Nicholas [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76420 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH OCT 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lloyd H. Gladden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 90 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 2 E Bond St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial Oct 16 1883

Undertaker, William Turner

Place of Business, No 62 East St

Jas Chiney M. D., Medical Attendant.

Address, 41 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7457 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William W. McComas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 19 Hudson Alley

Cause of Death, First (Primary),

Second (Immediate). Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 17th, 1883

Undertaker Charles Scrum

Place of Business, 271 Eutaw St *Address,* Coroner

J. G. Connolly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 70-152

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine M. Bayne

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 26 E Eden St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 26 E Eden St.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 17th 83

Undertaker, G. Frame

Place of Business, Penn & Wolfe

Geo Wardman *M.D.,*

Medical Attendant.

Address, 380 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7053

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7053 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Bolenius

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and Number. } 53 Eleventh St

Cause of Death, First (Primary), Ignition

Second (Immediate), 6 weeks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Wallo Chm.

Date of Burial, Oct 17th 83

Undertaker G. Frame

Place of Business, Bantz & Wolfe *Address,* 53 Eleventh St

E. Jos. Cairns M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

...s on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10457 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudius Savage Raymond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, two *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and Number.} 168 S Howard St

Cause of Death, First, (Primary,) Cough & Chronic Diarrhea

Second, (Immediate,) Inanition

Duration of Last Sickness, about two Months

All the above information should be furnished by the Physician.

Place of Burial, St Marys St Cemet

Date of Burial, Oct 16 1883

Undertaker, H C Byrd

Place of Business, 96 E Pratt

Julius Ball M. D.,
Medical Attendant.

Address, Southern Dispensary
79 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

/

Board of Health, City of Baltimore,

Permit No. 70465.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Maldeis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 12 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} N. Castle st. 151.

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Laringitis Acuta

Duration of Last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, 17 of Oct.

Undertaker, Fred Goede.

Place of Business, 29 S. Caroline *Address,*

Chas H. Dick M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10456 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Maria Pechler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 2 *Months,* 27 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} Barney st. 1

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Malarial

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 17th

Undertaker J. J. Paulus

Place of Business, 66 Frederick Ave

L. S. Pennhorn M. D.
Medical Attendant.

Address, 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70437 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 17 1883

CERTIFICATE OF DEATH.

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Delanty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and Number.} 161 Paca St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon park

Date of Burial, Oct 18th 1883

Undertaker Holt Watkins & Sons

Place of Business, Park & Saratoga *Address,* 161 Paca St

E. Futcell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 10458 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roland C. Pons.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

the above information should be furnished by the Physician.

Place of Burial, Oak

Date of Burial, Oct 17

Undertaker J. O'Neill

Place of Business.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7042 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 17 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Bays

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years & half

Place of Death, {Give street and number.} 212 Cookson St

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Octbr. 17th 1883

Undertaker, Wm Nicolaus

Place of Business, 25 Alice Ann

L B Lacelle M. D.,

Medical Attendant.

Address, 561 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78760 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geechter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 2 *Months,* 15 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Silver leaf Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 119 Columbia av

Cause of Death, First (Primary). Phthisis pulmonalis

Second (Immediate). Prostration

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 18th 1883

Undertaker Chas Bartle

Place of Business, 3 N. Frederick St

A. L. Buddenbohn *M. D.*
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7761 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Aldrige

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 63 yrs

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Cancer ~~of~~ of Liver (?)

Second (Immediate). Exhaustion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct. 16/83.

Undertaker JOSEPH B. COOK,

Place of Business, Undertaker, 707 W. BALTIMORE ST. BALTIMORE, MD.

Ralph Turner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10462 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1883 BALTIMORE

Date of Death, Oct 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Newton Nichols

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Oct 5th

Place of Death, { Give street and Number. } N W Cor Hudson & Fayette

Cause of Death, First (Primary),

Second (Immediate). Marasmus 3 Months

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, Oct 17th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 53 Elliott St

E. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7078

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78463 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 17 1883

Date of Death, Oct 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lulu Callender

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, { Give street and Number. } 1 Calhoun St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Bronchitis (Chronic)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 19

Undertaker B. Hiss

Place of Business, 62 West St

Clarence Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76464 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 October 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Otto Strassheweity

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 1 *Years,* 2 *Months.* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and Number. } S Eutaw St 102

Cause of Death. First (Primary). Meningitis Tuberculosis

Second (Immediate). Convulsions & Paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 October 1883

Undertaker E Schumann

Place of Business, 181 S Sharp St

A J Reinhard M. D.
Medical Attendant.

Address, 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70465 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Landenberger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 531 Harford ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) General Paralysis

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, Oct 17, 1883

Undertaker, Henry Hooch

Place of Business, 309 Central ave

J. H. Grimes M. D.,
Medical Attendant.

Address, 259 Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70466 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1883 BALTIMORE

Date of Death, Oct 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Johns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and Number.} 136 Lanvale St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Fatty Degeneration of heart

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem.

Date of Burial, Oct 18th 83

Undertaker, John F. McCoy

Place of Business, 22 W. Fayette St *Address,* 183 Linden ave

Edmund R Walker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70467 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1883

CERTIFICATE OF DEATH.

Date of Death, October 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No Name Name of Parents

Wm T & Catherine Spurrier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 18 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fort Smith

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} [illegible] Hanover St

Cause of Death, First (Primary), Premature birth of

Second (Immediate), Not more than 24 hours Uterogestation,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 18th Oct

Undertaker F. N. Troll

Place of Business, #181 Hanover St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 70468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70468 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard H Reed

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, white

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } A. Arundel Co

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } County Hospital

Cause of Death, First (Primary). Injuries - Run over by R R

Second (Immediate). - Frac Leg, Arm.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, F. H. County

Date of Burial, Oct 18th 1883

Undertaker John Slade

Place of Business, 150 Canton

Alexander Fraley M. D.

~~Medical Attendant.~~

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10769 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 17 1883

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Spanoid Mother

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 ½ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 39 Lemon alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) ———

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial Lemel Cemetery

Date of Burial Oct 17 1883

Undertaker, William N Dorsey

Place of Business, No 62 East St

Jos. Shiver M. D.,
Medical Attendant.

Address, 41 N. Lemon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10470 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret C. Startzyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and Number.} 20 Randall & Hanover Sts

Cause of Death, First (Primary), Obstruction of Gall duct

Second (Immediate). Abscess of the Liver

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 18/83

Undertaker Annity Dunn

Place of Business, 263 Light

Thos. Woodward M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7471 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH COMMISSIONER OF BALTIMORE
OCT 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Bolster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 6 Exeter St

Cause of Death, First (Primary). Fracture of the base of the Skull

Second (Immediate). Congestion of the brain

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, October 18th

Undertaker Wm. J. Tickner

Place of Business, 65 S. Eutaw St

Dr. [illegible] M. D.
Medical Attendant.

Coroner

Address, 101 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76472 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Emma Hultzman

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months.* 14 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} Cor Penna Ave & Fremont

Cause of Death. First (Primary), Croup Membranous

Second (Immediate), 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 18th 1883

Undertaker Dietrick Wiegand

Place of Business, 166 Druid Hill Ave *Address,*

A J Hoch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71473 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Poole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85. *Years,* ... *Months,* ... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 85 yrs.

Place of Death, {Give street and Number.} Home of Aged. Cor. Franklin St & Fulton Ave

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,) ...

Duration of Last Sickness, 8 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 18th 1883

Undertaker, John S Mercer

Place of Business, No 130 Lexington St

Nathan Wright *M. D.,*
Medical Attendant.

Address, 553 N Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 2477 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 16/1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's County Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 44 Jefferson St. Court.

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemorage

Duration of Last Sickness, One Year

the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 18th 1883

Undertaker J J Locke

Place of Business, 473 Jefferson

Francis A Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7475 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnston Hoffman

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ~~Years.~~ 20 *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death. {Give street and Number.} 393 Park Ave

Cause of Death. First (Primary), ...

Second (Immediate). Diphtheria

Duration of Last Sickness. Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon (Cem

Date of Burial, Oct 18th 83

Undertaker Hoffmann Bros

Place of Business. Park & Savage Address, 28 Cathedral St

F. T. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7476

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Holmes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 151 St Paul st

Cause of Death. { First, (Primary.) Bright's Disease Uraemic poisoning

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 19th 83

Undertaker, Hopkins & Sons

Place of Business, Park Ave

Rigbie Bucker M.D.,
Medical Attendant.

Address, 135 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 18 1893 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Pinkerton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Salesman

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Near Belfast Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } 290 East Monument

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) ____

Duration of last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19th

A E Stein M. D.
Medical Attendant.

Undertaker, George Schillis

Place of Business, Ashland Square *Address,* 125 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 5476 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Schwalenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 0 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 304 Forrest Street

Cause of Death, First (Primary), Puerperal Eclampsia

Second (Immediate) Exhaustion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct 19th

Undertaker H. C. Wildfeld

Place of Business, 90 Greenmount Ave

J. H. Robeson M. D.
Medical Attendant.

Address, 256 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76479 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

GENERAL REGISTRY
OCT 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Audrid Glussman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 233 Cathedral

Cause of Death, First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 18

Geo H. Penson M. D.
Medical Attendant

Undertaker A Rosenberg

Place of Business, Address, 1211 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7450 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1883
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, October 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza. ann Knochutz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} The rear of 41 Mark Market Space

Cause of Death, First (Primary),

Second (Immediate). Heart disease 8 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 18 1883

Undertaker James D Byrne

Place of Business. No 63 So Front

H. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70481 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M L Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Robinson St

Cause of Death, First (Primary). Inflammation of Brain

Second (Immediate). " "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 18th 1883

Undertaker Leonhard Kurz

Place of Business, 227 S. Broadst *Address,* .....

J. H. Wentz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7042 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1 S. Dallas St

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Sepulcher Grave yard

Date of Burial, October 19- 8 o'clock AM

Undertaker John Brown

Place of Business, 224 S. Bethel St *Address,* 20[illegible] [illegible]

Victor [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 0443 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Dorsey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } /

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 624 S Spring St

Cause of Death, { First (Primary), ... Second (Immediate). Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ?

Date of Burial, Oct 15

Undertaker Kinchart

Place of Business, ...

Geo. H. Lamm M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76484 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pany Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, abt 21 *Years,* — *Months,* — *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Millers Wharf Boston St

Cause of Death, First (Primary). Accidentally drowned

Second (Immediate). Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ?

Date of Burial, Oct 25

Undertaker Lindsay

Place of Business,

Chas M. Moffet M. D.
Coroners ~~Medical Attendant~~.

Address, 69 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attentio… …ses on Back of this Certificate

—OF—

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

Permit No. 70485

Ward 12

The Physician … to the Undertaker … requested so to do. …

…ertificate, *accurately filled out*, …f said deceased, or sooner, if …

…E.

…H.

Date of Death, Oct. 16th 1883.

Name of Deceased, Lieut Bradley.

Sex, Male or ~~Female~~,

Age, 35.

Color, White

Occupation, Telegraph.

Birthplace, Virginia.

Duration of Residence in B. C., 5 years.

Place of Death, 245 Dolphin.

Cause of Death, { First, (Primary.) Phthisis Pul-
Second, (Immediate.) monary.

Duration of Last Sickness, 3 mos.

E. Goldsmith

REMARKS.

Buried at Pace.

Date of Burial, Oct 18

Undertaker C. A. Blizzard

Place of Business,

Geo. R. Jenson M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17486 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mira R. Royal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 98 E. Eager St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Diphtheria 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct. 19th 1883

Undertaker, H. C. Hirdefeld

Place of Business, 90 Fremont Ave

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 7048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th " Oct. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dehn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 2 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hessen Darmstadt

Duration of Residence in the City of Baltimore, About 50 yrs.

Place of Death, {Give street and number.} # 64 Parkin St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Two wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem.

Date of Burial, 19th " Oct. 1883

Undertaker, Geo. Lumbrach

Place of Business, 389 W. Pratt.

R. C. Smith M.D.,
Medical Attendant.

Address, # 106 Cl. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10488 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Jones

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 2 Mott St.

Cause of Death { First (Primary). Results of burns from
Second (Immediate). clothing taking fire.

Duration of Last Sickness, Since Monday Oct 15. 83

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Oct 19 1883

Undertaker Wm J Gray

Place of Business, 66 Mulberry *Address,* 238 E. E. Dr. Jones

John H. Toomey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70779 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 118 S. Bethel St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Phthisis.

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Co

Date of Burial. Oct 19th

Undertaker, Denny & Mitchell

Place of Business, 67 S Broadway

A. Van H. Gouvieu, M. D.,
Medical Attendant.

Address, 96. S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6290 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston, Mass

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give street and Number.} 3 Bank St

Cause of Death, First, (Primary,) Exhaustion of Vomit

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 19 1883

Undertaker, James D Byrne

Place of Business, No 63 N Gay St

First Prescription M. D.,

Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7464 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Anna Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 10 *Months,* 18 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Born City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 1624 N. Dallas St.

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Collapsus

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 19th 1883.

Undertaker Adam Fink

Place of Business, 461 N. Gay St

Jno. Steuer M. D.
Medical Attendant.

Address, Corner Caroline & Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17th October 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Jane Gordon

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* 7 *Months,* *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Elkton Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } No 3 Jersey St

Cause of Death, { First (Primary,) / Second (Immediate,) } Hypertrophy of Heart

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 18 1883

Undertaker, S N Chase

Place of Business, 98 Howard St *Address* 67 Franklin St

I S Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to ... of each week. ... on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James R. Clark

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Biddle Alley.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct 19th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Frank H Gunnon M. D.
Medical Attendant.

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ... ce

Board of Health, City of Baltimore.

Permit No. 2497 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Wennick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 53 Wash Pl, Place

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Acute Congested, Pneumonia,

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 19th

Undertaker W. Lapp & Co

Place of Business,

Geo. E. Reynolds M. D.
Medical Attendant.

Address, 1726 E. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...s in C...

The Special Attention of Physic... ...fully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

Permit No. 70496 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

Date of Death, Thursday Oct 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bula May Neal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} No 11 Chesapeak St (brick row)

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) do

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 19th 83

Undertaker, G. Franc...

Place of Business, Franks & Wipe

J. E. Prichard M. D.,
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Ph… …lly Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76796 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18" 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos Schmidt

~~Sex,~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 1 year

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 Henry St.

Cause of Death, { First, (Primary,) Diphtheria
Second, (Immediate,) " }

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial Ft Alpheus

Date of Burial, October 19

Undertaker, B. Hall

Place of Business, 82 West St

Medical Attendant. C. D. Smith M. D.,

Address, Lee & Wanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ies in ... Baltimore ... a ...

No. ...

The Special Attention of Physicians ... respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7497 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren A. Yerkuser

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Three *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 119 Leadenhall St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ...

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 19th 1883

Undertaker, C. F. Krause

Place of Business, ...

D. F. Phillips M. D.,
Medical Attendant.

Address, 311 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2

Permit No. 10498

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octob 18. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} Trinity St. No. 8.

Cause of Death, First, (Primary.) } Diphtheritis

Second, (Immediate.) }

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetry

Date of Burial, Octbr 20th 1883

Undertaker, Peter Freey

Place of Business, 91 Eastern Av

Chs. H. Luth M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phy[illegible]lly Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76499 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE, MD.

Date of Death, October 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie B. Easter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, One Months, Sixteen Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 206 N. Eden Street

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 19

Undertaker Wm. H. Hendrickson M. D.

Medical Attendant.

Place of Business, Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Missing

70500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70301 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawson Richardson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 Wheatcroft,

Cause of death, First, (Primary,) Cerebro-spinal Meningitis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Lauree

Date of Burial, 19th

Undertaker, S. McClure

Place of Business,

O. Edw. Janney, M. D.,
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70301 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawson Richardson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 Whatcoat,

Cause of death, First, (Primary,) Cerebro-spinal Meningitis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks (about.)

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, 19

Undertaker, S. McClure

Place of Business,

O. Edw. Janney, M. D.,
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burials ... Office ... No. 7002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7002 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Webb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ..... *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 — 7

Place of Death, {Give street and Number.} 352 West

Cause of Death, First (Primary). Phthisis Pulmon.

Second (Immediate) Quantity of Mitk

Duration of Last Sickness, 1 Mth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker H Doss

Place of Business, 15 Conway St

R. H. P. Lee M. D.
Medical Attendant.

Address, 315 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials ... Office ... No. 15502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 15502 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Webb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 yrs 7 mos

Place of Death, {Give street and Number.} 352 West

Cause of Death, First (Primary), Phthisis Pulmon.

Second (Immediate), Quantity of Mucus

Duration of Last Sickness, 1 mth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker H Ross

Place of Business, 15 Conway St

R. A. P. Lee M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ... Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76503 *Office of Registrar of Vital Statistics.* Ward, 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 yr *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ..... ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Ricketts Ct

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. October 19

Undertaker, H Ross

Place of Business, 95 Conway St

Julius Hall M. D.,
Medical Attendant.

Address, Southwest Sanitary Precinct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will ... Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16503 *Office of Registrar of Vital Statistics.* Ward, 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Davis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 yr *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ...

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 2 Ricketts Crt

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker, H Ross

Place of Business, 95 Conway St

Julius Hall M. D., Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials ... issued Saturday of each week. No. 7057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7057 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 & 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 65 Leadenhall St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft St. Cemetery

Date of Burial, October 19

Undertaker P Ross

Place of Business 15 Lombard St

W. S. Bond M. D.
Medical Attendant

Address, 210 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permits for Burials [illegible] issued Saturday of each week. No. 70544

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70507 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 65 Ladenhall St

Cause of Death, First (Primary). Pneumonia

Second (Immediate). Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St. Cemetery

Date of Burial, October 19

Undertaker A Ross

Place of Business 15 Conway St

W. H. Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City ... Permits for Burials, to the Office ... d, Saturday of each week ... 70505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70505 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mickle McSamara

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 11 *Months,* 8 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 131 S. Eutaw St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia - 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Mode of Death Asthenia -

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 19th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 227 Caroll Ave.

Jno. Lurch. M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City ... Permits for Burials, to the Office ... Saturday of each week ... No. 7555

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7555 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hattie McNamara.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male.

Age, 5 *Years,* 11 *Months,* 8 *Days,*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single.

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } 131 S. Eutaw St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Hydrocephalus - 4 days.

Duration of Last Sickness, Mode of Death Asthenia

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 19th 1883

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St. *Address,* 227 Caroll Ave.

Jno. Ward M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials to the Office whence issued, Saturday of each week. No. 7676

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7676 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin Augustus Matter III

Sex, Male ~~*or Female.*~~ { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* 11 days *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } Married

Occupation Book Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 40 N. High St

Cause of Death, First (Primary). Pulmonary Consumption

Second (Immediate). Pulmonary Hemorrhage

Duration of Last Sickness, Uncertain. Several years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 20th 1883

Undertaker Henry H. Mears

Place of Business, 45 N. Gay St

Jno. S. Squibb M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 7057

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Whillemon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 111 E. Eager St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) "

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery A. G. Watson M. D.

Medical Attendant.

Date of Burial, Oct 20th

Undertaker, H. C. Wiedefeld *Address* 437 N. Gilmor St.

Place of Business, Go Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Permits for Burials, to the Office whence issu... ...of each week.

No. 1515

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 1558 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Volke

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 12 *Years,* 9 *Months,* 11 *Days.*

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 58 Hillman St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 21st

Undertaker F. N. Troll

Place of Business, #43 Hanover *Address,* 50 Hanover av

H. C. Stolle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the ... on Back of this Certificate.

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard C. Hammer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 192 Pine St

Cause of Death, First, (Primary,) Spasmus Glottidis

Second, (Immediate,) ~

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, ~~Oct 21st 1883~~ Mount Olivet

Date of Burial, Oct 21st 1883

Undertaker, J. J. Andrews

Place of Business, No 416 E. Lund Street Ave

W. 73. Rider M. D.
Medical Attendant.

Address, 195 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permits for Burials to the Office ... Saturday ...

No. 94

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octob. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenz Dietz,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* ... *Days.*

Color, white.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 354 East Eager St.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Diphtheritis typhoo

Duration of last Sickness, eight days.

All the above information should be furnished by the Physician.

Place of Burial, St Mynonds Cem

Date of Burial, Octob 20 1883

Robert Author *M. D.*
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 Central ave *Address,* 121 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 76511 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Drow Barr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 1 *Months,* 1 *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City, since birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 53 S. Fremont St.

Cause of Death. First (Primary), Diphtheria,

Second (Immediate). Pyaemia, - 5 days. -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Eden St

Date of Burial, Oct 19

Undertaker Ahearn

Place of Business,

A. L. Watts, M. D.

Medical Attendant.

Address, 2327 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. No. 10[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7852 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1983
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October the 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Spiegel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} - Baltimore

Duration of Residence in the City of Baltimore, Jon Life Time

Place of Death, {Give street and Number.} No 37 Fountin St

Cause of Death, First (Primary), ...

Second (Immediate). Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Allonevus

Date of Burial, October 19th

Geo. N. Benson M. D.
Medical Attendant.

Undertaker Wm Blodkamp

Place of Business, Lombart St. *Address,* Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6513 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1893 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 18th 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Barnow

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, 30 *Years,* " *Months,* " *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 99 Wilson St

Cause of Death, First, (Primary,) Intercalvus

Second, (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial. Oct 20 93

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

Edwd A Dan M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office ... No. 7614

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7614 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Hahn

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 16 *Years,* 11 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } S. E. Cor. Pratt & Eden sts.

Cause of Death, First, (Primary,) Malarial

Second, (Immediate,) Fever.

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 21

Undertaker, H. Duffee

Place of Business,

John F. Monnard M.D., Medical Attendant.

Address, S. W. Col. & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No, 7976 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1883 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, October 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Donohue.

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and Number.} 385 S. Eutaw St.

Cause of Death. First (Primary).

Second (Immediate) Pulmonary Tuberculosis.

Duration of Last Sickness, Confined to House. about 18 mo's

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 20th 83

Undertaker C. F. Krauss.

Place of Business,

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Off[illegible] be issued

No. 7136

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7057 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bailey

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 24 *Years,* — *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, Oct 20th 1883

Undertaker J. B. Cook

Place of Business, 707 N. Balto *Address,* 283 W. Lanvale

Edwd F. Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70677 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday 18th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Lindsley Griffin

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months.* ~~2 11 6~~ *Days,*

Color, Negro

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} York Street nr 200

Cause of Death, First (Primary). Malnutrition

Second (Immediate). Exhaustion

Duration of Last Sickness, Lifetime

the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Oct 20th " 1883

Undertaker S M Shaw

Place of Business, 198 S. Howard *Address,* .....

Ralph Clemm *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED REGISTRAR'S OFFICE OCT 20 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Fredericks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, abnt 38 or 40 Years, ~~Months,~~ ~~Days.~~

Color, ed

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Morris Al- near Rose St.

Cause of Death, First (Primary,) Aneurism (Thoracic) of Descending Aorta

Second (Immediate,) Hemorrhage (into left Pleural Cavity-)

N. B. Post Mortem examination made

Duration of Last Sickness, abnt 6 wks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20th 1883

Undertaker, A. Of Hennoh

Place of Business,

Wm. F. Lockwood M. D.

Medical Attendant.

Address Park & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8579 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Owings

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 *Years,* 0 *Months,* 0 *Days,*

Color, Light Copper

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West River Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, { Give street and Number. } No 23 Burial Alley

Cause of Death, { First (Primary). Unknown

Second (Immediate). Consumption or Phthisis }

Duration of Last Sickness, Two Months

the above info mation should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, Oct 20, 83

Undertaker Abt Hemsley

Place of Business,

J F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin and Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...y invited to the Remarks ..., and to ... on back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 18th

Permit No. 76520

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliza Brown

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* ... *Months,* ... *Days.* 1

Color, White

[redacted], *Single,* [redacted] {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Mc Henry St.

Cause of Death, {First, (Primary.) Diphtheria

{Second, (Immediate,) Eclampsia

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 21st 1883

Undertaker, Wm G. Tickner

Place of Business, 65 S. Eutaw *Address* 279 W. Fayette St.

J. H. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office when desired, can only be obtained

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No, 5521 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gotthardt Tieff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and Number.} 294 Charles St

Cause of Death, First (Primary).

Second (Immediate). Cirrhosis of the Liver

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 21st 1883

Lemuel Cook, M. D.
Medical Attendant.

Undertaker Ernest Schuman

Place of Business, 181 Sharp St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70722 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 20 1883

Date of Death, October 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Battinham

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months.* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, One Month

Place of Death. {Give street and Number.} 183 McCulloh St

Cause of Death. First (Primary). Diphtheria

Second (Immediate).

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 20th 83

Undertaker W. M. Jenkins & Sons

Place of Business, Park & Saratoga

F. T. Miles M. D.
Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or by the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70523 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Matthai

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 173 S. Charles St.

Cause of Death, First (Primary). .....

Second (Immediate). Trismus Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Octr 20th 1883. R. J. N. Tall M. D.
Medical Attendant.

Undertaker Ph. Seewald

Place of Business, 35 S. Eutaw *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for R[illegible] the [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

Permit No. 70624

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 20 1883

CERTIFICATE OF DEATH.

Date of Death, October 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Buck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} J. Warren Avenue

Cause of Death, First, (Primary.) Uterine Fibroids

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Parkton Balto Co

Date of Burial, Oct 23rd 1883

Undertaker, Charles Scriven

Place of Business, 271 Eutaw St

Marbury Brown M.D.,
Medical Attendant.

Address, 68 th Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore.

Permit No. 10526 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Wilhelm Albert Hampson~~ Oct 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm albert Hampson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 93 N Eutaw Street

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Collapse F

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, London Pk

Date of Burial, Oct 21 85

Undertaker Charles Serivener

Place of Business, 271 Eutaw St *Address,* 87 N Eutaw St

A Friedenwald *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... Permits is Especially Invited to the ... Section ...

Board of Health, City of Baltimore,

Permit No. 76526 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BOARD OF HEALTH OCT 20 1883 BALTIMORE, MD.

Date of Death, October 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Howe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Telegrapher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 Whatcoat st

Cause of Death; {First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Oct 22. 83

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 115 W. Monument st

C. O'Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7062 / *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles L Weeks

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* ..... *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 206 N. Mount St

Cause of Death, First (Primary), Hydrocephalous

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 20 1883

Undertaker Joseph F Byrn

Place of Business, 69 N Libby *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully In... ...and below, and to List of Diseases on back of this

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving Campbell Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 50 Cathedral St

Cause of Death First, (Primary.) Malarial fever and Rheumatism

Second, (Immediate,) Congestion of the Heart

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmorst

Date of Burial, Oct 21st 83

Undertaker, Ne W Jenkins

Place of Business, P Ant Harahan

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 705-29 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT
OCT 25 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas N Jay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} N° 135 S. Broadway

Cause of Death, First, (Primary,) Phthisis pulm.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial. Oct 22nd 1883

Undertaker, Henry H Mitchell

Place of Business, 65 S Broadway

L D Winternitz M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 70638 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Savage

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 26 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 197 N. Exeter

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Pulmonary Hemorrhage 2 hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 22nd 83

Undertaker Wm. H. Hickman

Place of Business, 234 E. Lay St

D. Streett M. D.

Medical Attendant.

Address, 142 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta... , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ...and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 7655 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Theresa Christopher Sister Mary Isabella S.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, School Sister of Notre Dame

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, Convent de Notre Dame August 4th.

Place of Death, { Give street and Number. } Convent

Cause of Death, First, (Primary,) Consumption of the Lungs

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. *Date of Burial,* Oct. 21st 1883

Undertaker, Adam Fink *Place of Business,* 146 N. Gay St.

John B. Hommann M. D., Medical Attendant.

Address 5 W Eden & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... Duties on Back.

Board of Health, City of Baltimore, 6

Permit No. 70532 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Rosenberger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~.....~~

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany three years

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 119 291 N. Calvert st

Cause of Death, First, (Primary,) Dipth Heria

Second, (Immediate,) .....

Duration of Last Sickness, three days

All the above Information should be furnished by the Physician.

Place of Burial Holy Redeemer Cem

Date of Burial, Oct. 20th 1883

Undertaker Adam Fink

Place of Business 461 N. Gay St

L Obstenitz M. D.,
Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 20633 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October the 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Augusta Odens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, one *Years.* *Months.* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for life time

Place of Death, {Give street and Number.} 211 Hughes St

Cause of Death, First (Primary). Teeting and a have Could

Second (Immediate).

Duration of Last Sickness. 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 21st

Undertaker Mr Roose

Place of Business, Paca St

Geo. W. Fenton M. D.

Medical Attendant.

Address, On of South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse

Board of Health, City of Baltimore,

Permit No. 70534 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH
OCT 20 1883
BALTIMORE, MD.

Date of Death, Oct. 19 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 14 *Days,*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 20 1883.

Undertaker Frank Kelly

Place of Business Division & Pine

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av, Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10535 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 19 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Adam Koch

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* — *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Tin Can Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 221 Eliott St

Cause of Death. First (Primary), Typhoid Fever

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bells. Cem.

Date of Burial, Oct 21. 1883

Undertaker H. Sander & Son

Place of Business 252 Canton Ave

E Jordan M. D.
Medical Attendant.

Address, 53 Eliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore. 7

Office of Registrar of Vital Statistics. Ward

Permit No. 10536

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 20 1883 BALTIMORE

Date of Death, Oct. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wodicka

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, white

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and Number.} 31 Barney St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate) Marasmus.

Duration of Last Sickness, six years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis cimitery

Date of Burial, Octo 22.

Undertaker H. Louth Co

Place of Business, corner Jefferson and East st. *Address,* 95 Park Ave.

A. F. Esich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore.

Permit No. 7653 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 311 N Chapel St

Cause of Death. First (Primary). Diphtheria

Second (Immediate). and Bronchitis

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Oct 21st 1883

Undertaker Henry Hook

Place of Business, 307 N Eutaw St

H. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1538 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta E. Mauay Amos

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 12. Mc Elderry st

Cause of Death, First (Primary). Dentition

Second (Immediate). Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 22nd

Undertaker Geo Schilling

Place of Business, ...

D. J. Gr[illegible] M. D.
Medical Attendant.

Address, 137 Aisquith E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7053 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 20 October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Loeffler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 8 *Months,* 28 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eigeldorf, Hessen Darmstadt

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} Passed Institution Oststrasse

Cause of Death, First (Primary), Heart disease

Second (Immediate), Hydrops

Duration of Last Sickness, 2 years 1

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Prot. Trap R.

Date of Burial, Oct 22 1883

A. F. Reinhard M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 224 West Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 21520 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George A. Frederick

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation Mechanic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 89. S. Stricker St

Cause of Death, { First (Primary). } { Second (Immediate). } Consumption of Lungs -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 22/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto

H. R. McShane M. D.
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70571 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Murphy

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, Four *Years,* Eight *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 166 W. Henry St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 21st 1883 B F Phillips M. D.,

Medical Attendant.

Undertaker, as McGinnis

Place of Business, 1x3 Plowman *Address,* 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7652 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Harris Brown

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... 21 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 121 S. Dallas St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 21st 1883

Undertaker Wm. W. Madden

Place of Business, #46 East St

J. J. Gaw M. D.
Medical Attendant.

Address, 13 Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No, 66723 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schiber

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* One (1) *Months,* Three (3) *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Born in City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 167 Sterling Street

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Twelve (12) Days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer 6.

Date of Burial, Oct. 21st 1888. E. Edw Hood M. D.

Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay *Address,* Cor Gay & Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OCT 20 1883

Permit No. 76777 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Marshall

Sex, Male or Female, { Cross out the word not required in this line. } /

Age, 2 *Years,* 3 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } /

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City 2 - 3

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 82 Fremdal Pl

Cause of Death, First (Primary), diphtheria

Second (Immediate), Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Center.

Date of Burial, October 20

Undertaker B Hartle

Place of Business, 1103 N 82.

R H P Ellis M. D.
Medical Attendant.

Address, 313 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully In[illegible] to the Reverse Side, and to List of Diseases [illegible] of this

Board of Health, City of Baltimore.

Permit No. 35745 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward A. Clemens

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 4 [illegible] *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Shoe Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, { Give street and Number. } # 6 Andrew St

Cause of Death,

First (Primary), Congestive Intermittent Fever

Second (Immediate), " "

Duration of Last Sickness, Abt one week daily

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial,

Undertaker B Hall

Place of Business, 52 West St.

D. A. Bell M. D.

~~Medical Examiner~~ Coroner So Dist

Address 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 85446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Meyer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 21 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 316, W. Pratt Street

Cause of Death, First (Primary,) Brainfever

Second (Immediate,) Hydocephalus

Duration of Last Sickness, Several weeks.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery *Morris Steiner* M. D.

Date of Burial, Oct 21st Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline *Address,* 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No, 8577 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Mc

Sex, Male or Female, { Cross out the word not required in this line. } Mc

Age, 4 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 26 E Lombard St

Cause of Death, { First (Primary), Diphtheria

Second (Immediate), 4 days

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 21

{ *Undertaker* Wendell Bros

{ *Place of Business,*

M. D.

Medical Attendant.

Address, 842 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 73546 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octob 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Tasco

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 Rose St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Bowers al

Cause of Death, First, (Primary,) A fall

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Forest Lawn

Date of Burial, Oct 21

Undertaker, Blyna

Place of Business, 198 Pennsylvania Ave

A. C. Polo *M. D.,*
Medical Attendant.

Address, 801 North St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7057 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Grover

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 409 N Gay St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 12 Months

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 23rd /83

Undertaker George Schilling

Place of Business, 25 Hland Square

Wm. L. Rundell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore.

Permit No. 5778 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. H. Cook,

Sex, ~~*Male*~~ *or Female.* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Col.

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Chapple Court

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate). & Loss from

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22. 1883

Undertaker William A. Pinger

Place of Business, 62 East

G. G. Lusk M. D.

Medical Attendant.

Address, Balt. & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Ward 5

Permit No. 18557 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Brueltzer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore All the life

Place of Death, {Give street and Number.} Shand Jones & Co's Infirmary Old Broadway

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, ———

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 22 1883

Undertaker Carmans Bockelman

Place of Business, 163 Forrest Av

E. D. Jarvis M. D.
Medical Attendant.

Address, Shand Jones & Co's Infirmary Old Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 70652 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Einolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 56 Portland st

Cause of Death. First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 22nd 1883

Undertaker G. Lineaweaver

Place of Business, 52 N. Howard

C. L. Buddenbohn *M. D.*
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6553. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mena Sieber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 162 So. Chappel

Cause of Death, First (Primary), Broncho-Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Evangelic Cem.

Date of Burial, Oct 22 1883

Undertaker A. Sandrock Son

Place of Business, 257 Eastern Ave *Address,* 77 So. Broadway

J. L. Wiesten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Annual Report

Board of Health, City of Baltimore,

Permit No. 70757 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amir B. Ochse

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 in Balto

Place of Death, {Give street and Number.} 67 Bank St. 67 Corner of Bond

Cause of Death, First (Primary),

Second (Immediate).

Duration of Last Sickness, 23 mos.

All the above Info must be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Oct. 21. 1883

Undertaker H. Sandelofsen

Place of Business, 257 Caroline Ave

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53765 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Groves

Sex, ~~Male~~ *or Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Month*~~s~~, ... *Days,*

Color, ~~Co~~ white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 318 Bank st.

Cause of Death, First (Primary), Marasmus

Second (Immediate), & Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 21st 83

Undertaker G. Franz

Place of Business, Franz & Son *Address,* Balt. & Paca sts.

G. G. Lusk *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 8536 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ever since Life

Place of Death, {Give street and Number.} 34 Williamson St

Cause of Death, First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 22/83

Undertaker Armstrong

Place of Business, 262 Light

Thos. Cox M. D.
Medical Attendant.

Address, 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Duration

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 7057 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Deutzel

Sex,—Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Dring Life

Place of Death. {Give street and Number.} 690 Light

Cause of Death First (Primary). .....

Second (Immediate). Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt A C.

Date of Burial, October 22

Undertaker B. Hull

Place of Business. 82 West Pr

O. A. Corko M. D.
Medical Attendant.

Address, 110 Fortan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

Permit No. 75538 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine M. Barrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Corner of Caroline & Wilkens St & E

Cause of Death, First (Primary), Deranged Condition of the nervous system

Second (Immediate), congestion of the brain

Duration of Last Sickness, About 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 22 1883

Undertaker George Schilling

Place of Business, Wilkens Square

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co

Board of Health, City of Baltimore.

Permit No. 6635 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octo 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. E. Ferguson

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 84 W. Hollins

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, about 2 Years

The above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 22nd 1883

Undertaker James O Byrne

Place of Business, No 63 N Front St

Geo. Reynolds M. D.
Medical Attendant.

Address, 171 N. Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6560 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip H Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 13 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 360 Mulberry st

Cause of Death, First (Primary), Verdict. Injuries — Run over by wagon Oct 20. 83

Second (Immediate).

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 22nd 1883

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont Address,

Alexander Tilley M. D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks to be found on the reverse of this Certificate.

Board of Health, City of Baltimore,

Permit No. 75561 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 250 Mulberry st

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 22d 1883

D. F Hoffman M. D.,

Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 ½ Fremont *Address,* 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 7052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Parker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 67 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Head Waiter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 219 S Howard St.

Cause of Death, First, (Primary.) Dyspepsia

Second, (Immediate.) Softening of Stomach

Duration of Last Sickness, About four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 22nd 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard *Address,* Charles & North Ave.

J. H. Scarff M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

/0 Board of Health, City of Baltimore,

Permit No. 70663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Newett Andrews.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifteen "

Place of Death, {Give street and number} 173 Mulberry st.

Cause of Death { First, (Primary,) Bronchitis
, { Second, (Immediate,) "

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Oct 23rd 83

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St. *Address,* 134 N. Carrollton Av.

John D. Remington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physic...

Board of Health, City of Baltimore,

Permit No. 10674 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 22 1883

Date of Death, October 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Richards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 Years, ... Months, ... Days,

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 251 Gough St.

Cause of Death, First, (Primary,) Dropsy from Mitral (obstruction)

Second, (Immediate,) Exhausting.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 22 1883

Undertaker, H. Hofmann

Place of Business, 62 N. Eden St. *Address,* 179 E. Monument St.

Irving Miller M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ...

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct 22~~ 20th Oct. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gertrude Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 104 Boyd St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 104 Boyd St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) ...

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Oct 22/83

Undertaker, J. V. Z. Cook

Place of Business, 207 E. Balto St *Address,* 187 Hollins St

F. F. Bowen *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner upon the case coming under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of

/2 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 at 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mullen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, ✱ 74 Yrs

Place of Death, {Give street and number} 114 Lauvale

Cause of Death {First, (Primary,) old age

{Second, (Immediate,) Unknown

Duration of last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 23 1883

Undertaker, Thos O Hughes

Place of Business, 60 E Fulton

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 7667 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 14 Bennett St

Cause of Death { First (Primary), Diphtheria Croup

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross C

Date of Burial, Oct 22 th

Undertaker W Lippert

Place of Business,

E. Sullivan M. D.
Medical Attendant.

Address, 03 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70868 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A Burgunder ~~Burgynthard~~

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,* Burkhardt

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 234 N Bond St

Cause of Death, First, (Primary,) Diphtheria 2 days

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, October 23,

Undertaker, Walter Immel

Place of Business, 315 W. Baltimore *Address,* 121 W Lee

Whitridge, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 3569 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leo. Mayer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 11 Days

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Oct 22 83

Undertaker [illegible]

Place of Business, [illegible]

J. P. Ballard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 76578 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Burk

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 171 Hamburg St.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Lemaland

Date of Burial, October 23d 1883

Undertaker Leonhard Kurz

Place of Business, 227 E. Baltimore St.

Wm Gamble M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7041 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel M Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2107 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oct 22/93

Date of Burial, St Paul Cem

Undertaker H. Sanderson

Place of Business, *Address,*

M. D.
(Medical Attendant.)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 10572

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

8 80

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of Parents. } Margaret Ann Wolmes

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, Roland

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hall Springs Balto Co.

Duration of Residence in the City of Baltimore, 4 1/2 Years

Place of Death, { Give street and number. } 101 Stirling Street

Cause of Death, { First, (Primary.) Brights Disease
Second, (Immediate.) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct. 22 1883

Undertaker, Chas F. Wyle

Place of Business, 35 Hanover

W. S. Parker M.D.,
Medical Attendant.

Address, 710 Lexington St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 765 3; *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Roscustock

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 75 *Years,* 9 *Months.* 16 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Stonecutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 years.

Place of Death, {Give street and Number.} 4. N. Stricker

Cause of Death, First (Primary), Paralysis

Second (Immediate), Apoplexy.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Oct 22 nd 1883

Undertaker Wm Cilau

Place of Business, 101 Gough St

A R Sturcd M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules & Directions on Back of this

Board of Health, City of Baltimore,

Permit No. 70574 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albina Strubie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 121 N. Washington St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alfonsis cemetery

Date of Burial, Oct 22

Undertaker, Forst and Lynch

Place of Business, cor Jefferson Lasel

J. Helcolleuberg, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70575 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 22 1883

Date of Death, Oct. 21st

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fahrman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ( ) *Months,* ( ) *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} No. 1 Hanover St.

Cause of Death. First (Primary), Old age

Second (Immediate), Bronchial Catarrh about 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Prob. Nothing County.

Date of Burial, October 24th

Undertaker T. S. Ives

Place of Business, 131 Hanover *Address,* 2 Cathedral St

H. Lenhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7076 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1883 OCT 22, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. King-Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 286 N. Bond St.

Cause of Death, First, (Primary,) Fatty Degeneration of Heart -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, One month -

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 23/83

Undertaker, Fry & Son

Place of Business, 57 N Broadway Address, 49 Franklin St.

Medical Attendant. Thurlow Dobbs M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 70577 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT. 22, 1883

Date of Death, 20 Oct 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 3 Norris Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial. Sharps St Cemetery

Date of Burial. Oct 22 1883

Undertaker, William A Dorge

Place of Business, No 62 East st

Wm C Warner M. D., Medical Attendant.

Address, Cor Stricker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 70578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 22 1883

Date of Death, October 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Clark.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year one months

Place of Death, {Give street and Number.} # 125 Asquith Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 22, 83

Undertaker, Wm. H. Hickman

Place of Business, 284 N. Gay St. *Address,* # 29 Asquith St

Samil S. Powell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

N

Permit No. 70779

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Armstrong

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 8 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all time

Place of Death, { Give street and number. } No 92 Chestnut Alley

Cause of Death, { First, (Primary.) Fits
Second, (Immediate.) Cachexia

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, oct 22. 1883

{ *Undertaker,* Abel Hinsley
{ *Place of Business,*

J H Cruit M.D.,
Medical Attendant.

Address, No 36 Lemmon

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 3570 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st., 1:40 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Offalman

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No. 501 Washington Ave.

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate),

Duration of Last Sickness, 14 days.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 23th 1888

Undertaker Wm. J. Dill & Son

Place of Business, 183 Columbia

Wm H Edwards M. D.
Medical Attendant.

Address Cor. Columbia Ave & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7667 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Cook

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Ford Sawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis - Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} To Little Church St

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion 9 Months Confined to house

Duration of Last Sickness, 9

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemet

Date of Burial, Oct 22 1882

Undertaker, St Ross

Place of Business, 95 Conway St

J. Carey Hinds M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 1252 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ft Mary's Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 91 Orchard St

Cause of Death, First, (Primary,) Childbirth Fever

Second, (Immediate,) [redacted]

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Oct 24th 83

Undertaker, A Benske

Place of Business, 116 Gay St

Jno. Gillis M. D.,
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 75573 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Miller.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 22/83.

Undertaker Frank McVeagh.

Place of Business, Lexington & Howard

R. H. McAdams M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 10587 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 22 1883

Date of Death, Oct. 21/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ryan.

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 14 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 22d/83.

Undertaker Frank McVeagh.

Place of Business, Fairmount

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Hadenwar, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Cert...

Board of Health, City of Baltimore,

Permit No. 7275 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas E Anderson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Gilder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. 291 N Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct. 24. 1883

Undertaker, Graham & Evans

Place of Business, Valley & Eager Sts.

J Kattman M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health. City of Baltimore,

Permit No. 10516 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmore Snyder McGuirk

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, ... *Years,* Three *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 155 N Paca St

Cause of Death, First, (Primary.) Gastro-enteritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days. Dr only saw it a few hours before death. Patient of Dr Mears

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 23rd 83

Undertaker, Wm Cudlipp

Place of Business, 227 Baltimore St

Elias C. Price M. D.,
Medical Attendant

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 3577 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1883

CERTIFICATE OF DEATH.

Date of Death, October 19. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Holland

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } In Basin foot of Hollingsworth

Cause of Death, { First (Primary), Second (Immediate). } Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. R.

Date of Burial, Oct 20

Undertaker E Ruehrwein

Place of Business,

T. J. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 8971 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CT 22 183 W

CERTIFICATE OF DEATH.

Date of Death, October 19 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Bamy Coes mother

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 2 months ~~Days~~

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 91 Orchard St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 91 Orchard St

Cause of Death, First (Primary). Dysentery (Thrush in Child)

Second (Immediate). .....

Duration of Last Sickness, 10 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Ner

Date of Burial, Oct 20

Undertaker Fleischmann

Place of Business, ...

Alexander Imiley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 7887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt L. Tennyson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Trinity St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Nelson Cemetery

Date of Burial, Oct 23 1883

Undertaker James O Byrne

Place of Business, 1263 E Fayette St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention

Board of Health, City of Baltimore.

Permit No. 7093 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, October 21/83 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas McCurdy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* — *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation Fireman of Elevator

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 61 Woodward St

Cause of Death, First (Primary). .....

Second (Immediate). Obstruction of Bowels

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial. Mt. Olivet Cem. J. R. Uhler M.D.

Date of Burial, Oct. 24/83 Jno O'Blake M. D.

Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7059 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 22 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. A. Jones,

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, *Years,* *Months,* 1 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation Boy.

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 ys. Aug 21.

Place of Death, { Give street and Number. } Marasmus

Cause of Death, { First (Primary), Marasmus / Second (Immediate). Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 22/83

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,* Balt. & Pratt Sts.

G. Glanville, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 70592 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. Oct. 21 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Hahn

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age. 78 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 118 Mulliken St

Cause of Death. First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness. One Year

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. Oct. 23. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway.

B. B. Lurz, M. D.
Medical Attendant.

Address, 137 Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 70573 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Monroe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 15 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Congenital feebleness

Second, (Immediate,) Mal-nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct 22

Undertaker, C W Blizzard

Place of Business, 199 Penn ave

Thos. E. Latimer M. D.,
Medical Attendant.

Address, 187 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7505 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22/83-

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Stone-cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Two years -

Place of Death, {Give street and Number.} 370 Cathedral St-

Cause of Death, First (Primary),

Second (Immediate). Scarlet Fever

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, October 23rd /

Undertaker Charles Scriven

Place of Business, 271 Eutaw St *Address,* 112 N. Greene

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and on the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70675 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Issued without this Certificate.

CERTIFICATE OF DEATH

OCT 23 1883

Date of Death, Oct 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days,*

Color, Black.

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Chestertown Md

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, { Give street and Number. } 48 Vincent alley.

Cause of Death, First, (Primary,) cancer. Left Breast

Second, (Immediate,) Paralysis

Duration of Last Sickness, 1½ mo

All the above information should be furnished by the Physician.

Place of Burial, Chesters Town Md By Steam Boat

Date of Burial, Oct 24 1883

Undertaker, William N Dungee

Place of Business, No 62 East Street

Wm Knight M. D.,
Medical Attendant.

Address, 35 Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 23, 1883 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 — 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia A. McEntire

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 19 Years, ... Months, ... Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Maryland.

Birthplace, { State or country, (and how long in the United States if of foreign birth. } 12 yrs.

Duration of Residence in the City of Baltimore, 33 c Madison ave.

Place of Death, { Give street and number } Phthisis Pulmonalis.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... 2 mos.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem'y

Date of Burial, Oct 24th 83

Undertaker, D Ecury & Metcalf

Place of Business, 630 W Fayette St

J. G. Mitchell, M. D. Medical Attendant.

Address, Fayette & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Phys[illegible] ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10277 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl R Roberts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 248 N Amity St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Coma

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudown Park Cem

Date of Burial, Oct 24th 83

Undertaker, D Cemy & W Mitchell

Place of Business, 550 W Fayette

W Hilton duPlan M. D.,
Medical Attendant.

Address, 412 St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7078 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 23 1883

Date of Death, Oct 22nd '83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Trellenberg

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 8 mos,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 90 Block St, Enteric Colitis

Cause of Death, First (Primary),

Second (Immediate).

Duration of Last Sickness, Five Weeks

the above information should be furnished by the Physician.

Place of Burial, Trinity St. church grave yard

Date of Burial, October 23 - 3 o'clock P.M.

Undertaker John Brown

Place of Business, 224 S. Bethel St

John H. Kehlenger M. D.
Medical Attendant.

Address, 1143 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70599 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT. 25. 1883

CERTIFICATE OF DEATH.

Date of Death, October 22nd, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Willbecker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Three *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 190 S. Bethel Street

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 Oct 6 1883

Undertaker, John C Schuh

Place of Business, 265 Aliceanna *Address,* 207 S. Broadway

J. L. Duvall & M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Oct. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iwon Bray

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 40 6 Eastern avenue

Cause of Death, First (Primary,) Inflammatory Diarrhea complicated with Remittent Fever.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 24th 83

Undertaker, G. France

Place of Business, Banks & Wells

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70601 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd "83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hunter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 89 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 28 N. Caroline St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) Senile debility

Duration of Last Sickness, Several weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Oct 24th 1883

Undertaker, John J Andrew

Place of Business, No 4x6 Druid Hill Ave

Edwd A. Mann M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully [illegible] to this Certificate.

Board of Health, City of Baltimore,

Permit No. 7602

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883

CERTIFICATE OF DEATH.

Date of Death, October 22nd '83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate C. Switzer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 160 Pennsylvania Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Oct 23

Undertaker, C W Blizard

Place of Business, 158 Penn ave

C. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76603 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Duering

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 84 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 83 years

Place of Death, { Give street and Number. } 26 Argyle Ave

Cause of Death, { First, (Primary,) Old Age
Second, (Immediate,) & Complications

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 24.

Undertaker, A Rohde

Place of Business, 45 Penna Ave

D. A. Glenn M. D.,
Medical Attendant.

Address, 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No, 70604 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883

CERTIFICATE OF DEATH.

Date of Death, October 22-83.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wineckt.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* 8 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years.

Place of Death. {Give street and Number.} 4 Linden Avenue

Cause of Death. First (Primary), Premature labor

Second (Immediate), Peritonitis.

Duration of Last Sickness, 4 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23

Undertaker H. Rohde

Place of Business, 48 Penn Ave

Louis E. B. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70605 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert C. Sims

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Brick Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, 34 Yrs

Place of Death, {Give street and Number.} 208 Presstman st

Cause of Death, First (Primary), Pulmonary Hemorrage

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 23/83

Undertaker J. B. Cook

Place of Business, 207 N Balto St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1666 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Leech

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* 8 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 365 Franklin St.

Cause of Death, First, (Primary,) "Typhoid Fever"

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 24th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont Address,

Jas. F. Smith M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7665 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 23 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry E. C. Matthews

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 108 Myrtle Ave

Cause of Death, First (Primary), Tabes Mesenterica

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 24 Oct 1883

Undertaker Wm Boettcher Son

Place of Business, Park & Society *Address,* 188 Franklin

J. H. Mellor M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7607 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 1903

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Hunt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 72 Fulton Ave

Cause of Death, First (Primary), Puerpera Sepsis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Pisgah Cemetery

Date of Burial, Oct 24/03

Undertaker Wm Eilau

Place of Business, #101 Lorah St *Address,* 2 Cottage Ave

E. L. Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No, 7869 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1883. OCT 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

~~Duration of Residence in the City of Baltimore,~~

Place of Death, {Give street and Number.} 116 S. Canal St

Cause of Death, First (Primary),

Second (Immediate). Natural Causes

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, October 24

A Lrapp Shorter M. D.
Medical Attendant.

Undertaker L Means

Place of Business, 31 N Eutaw *Address,* 11 S. 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 7616 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. N. Hewitt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months.* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Coal Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 214 Orleans

Cause of Death, First (Primary), Phthisis

Second (Immediate) Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 21

Undertaker C M Bryson

Place of Business, 198 Balt

Geo. N. Hewitt M. D.
Medical Attendant.

Address 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, ____ Blanks Distributed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7611 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Lear

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 223 Hamburg

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 24 1883

Undertaker, Armstrong & Denny

Place of Business, 262 Light St *Address,*

J. Sullivan M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellie Speer

Sex, Male or ~~Female~~, {Cross out the word not required, in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} N Eutaw St

Cause of Death, First (Primary). .....

Second (Immediate). Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Oct 24

Undertaker A Lucas

Place of Business, ...

Geo. W. Benson M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70613 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno E. Ridgell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* One *Days,*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 94 Bond

Cause of Death. First (Primary), Premature birth - 7 Mo.

Second (Immediate), Asphyxia

Duration of Last Sickness, Since birth

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct. 24/83

Undertaker Fred Bowman

Place of Business, ... *Address,* 94 So Bond

J. L. Nicholas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 70614 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, October 22, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White.

~~Married Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Shirt-Master.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 238 W. Hoffman St

Cause of Death, First (Primary),

Second (Immediate). Paralysis Agitans.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 25th 1883

Undertaker Thos L Hughes

Place of Business, 60 E Balto

J. W. Hook M. D

Medical Attendant.

Address, 75 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70615 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Shannessy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color,

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower*, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and Number.} 233 N Fayette St

Cause of Death, First, (Primary,) Cardiac asthenia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 25th 1883

Undertaker H.W. Justice & Sons

Place of Business, Park & Saratoga Sts

F. E. Chatard M. D.,
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 7066 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. ~~Sept.~~ 23rd, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Benjamin Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1 Randall St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross C.

Date of Burial, Oct. 25

Undertaker B. Hall

Place of Business, 82 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7067

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harvey Russell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 *Years,* — *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } Light St Extended

Cause of Death, First (Primary). Malarial Fever

Second (Immediate). Dysentery (Chronic)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, October 24

Undertaker B. Hurle

Place of Business, 82 West St

Thomas Corbit M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 70618 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marthe Bourke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 51 Months, Days,

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. Preston and Valley Sts

Cause of Death, First (Primary), Chronic Dysentery

Second (Immediate),

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, October 24th 1883

Undertaker H Rothamy Jr

Place of Business 253 E Lombard *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 70619 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irena Trentzel Reid

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur. Life

Place of Death, {Give street and Number.} 690 Light st

Cause of Death, First (Primary), Ornation

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, October 24

Undertaker B. Stark

Place of Business, 82 West St

C. A. Corbin M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Broadway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 50 Woodyear alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, oct 23 1883

Undertaker, William N Dunge

Place of Business, No 62 East St

J Ramsey Hill M. D.,
Medical Attendant.

Address, Eden & Lemmon Halls

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Severn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* *Days,*

Color, Whit

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} 170 S. Wolfe St.

Cause of Death, First (Primary), acute Phthisis

Second (Immediate),

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 25. 1883

Undertaker H. Sandy Son

Place of Business, 252 Caroline *Address* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 7062 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace S. Foreman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 6 Months, 17 Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 412 Allen st

Cause of Death,
First (Primary), Enteritis
Second (Immediate), asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 24th 1883

Undertaker John J Andrews

Place of Business No 476 Druid Hill Ave

D. Smith M. D.
Medical Attendant.

Address, 1402 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 10623 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 18 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Schwartz's Brick Yard

Cause of Death, First (Primary), Pneumonia

Second (Immediate), & Exhaustion

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1883

Undertaker J J Tait

Place of Business, 473 Lytle

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70624 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct- 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Trine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} # 50 Hanover st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct-24th 1883

Undertaker, J. M. Duryee

Place of Business, # 73 Jefferson

Wm. H. [illegible] M. D.,
Medical Attendant.

Address, 154 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 10625 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Williams

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days,*

Color. Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 104 Druid Hill Ave

Cause of Death, First (Primary),

Second (Immediate). Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 24/83

Undertaker S. W. Chase

Place of Business,

Chas. F. Simm M. D.
Medical Attendant.

Address 104 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 70626 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane R. Barkley (Jr)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 29 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 218 S. Caroline

Cause of Death, First (Primary), ...

Second (Immediate). Convulsions

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Oct 24/83

Undertaker W. A. Dunger

Place of Business, ...

Geo. H. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty o the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish withi forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as th same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause an date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 7612 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1883

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Lucas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 196 Robey St

Cause of Death, First (Primary), Dropsy

Second (Immediate), Abscess in Throat

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Oct 24th 1883

Undertaker Wm N Duncan

Place of Business,

Geo. H. Dunn M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 10628 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10. 23. 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Dickerson

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 28 *Years.* *Months,* *Days,*

Color, cl

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. } Widower

Occupation Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. { Give street and Number. } 53 arch

Cause of Death, First (Primary), Consumption

Second (Immediate).

Duration of Last Sickness Thirty days 6 wks. but was probably much [illegible] time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 25 1883

Undertaker Alf Hemsley

Place of Business,

H M Eastman M. D.

Medical Attendant.

Address, 49 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 70629 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10.23.83

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Shurmd

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 6 *Days,*

Color, cd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7/5 mos

Place of Death, {Give street and Number.} 63 arch

Cause of Death, First (Primary), Pneumonia

Second (Immediate).

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Shanp st cemetery

Date of Burial, oct – 24 1883

Undertaker Robt Shumley

Place of Business,

Wm Cushing M. D.
Medical Attendant.

Address, 241 Fre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 70630 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irvin Gil Dupuy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* 2 *Days,* .....

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 1014 E. Lafayette St.

Cause of Death { First (Primary), ... Second (Immediate), Diphtheria

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Oct. 24th 83

Undertaker G. Trance

Place of Business Davis & Wolfe *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 10631 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Turner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Junk dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } No 12 Pear Alley

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Aortic stenosis & mitral regurgitation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 24

Undertaker, C. T. Bruce

Place of Business, 195 Bond av

Wm A Wade M. D.,
Medical Attendant.

Address, 152 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 7063 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Roese.

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 Years,

Place of Death, {Give street and Number.} 320 Sharp St.

Cause of Death First (Primary), Chronic Bright's Disease.

Second (Immediate), Uremia.

Duration of Last Sickness, Uremic Poison, 3 days. } from Known abt Bright's Disease.

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem

Date of Burial, Oct 25 th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 152 Sharp St.

H. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 70633 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Tully

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and Number.} 1065 S. Eutaw

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 25th 1883

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty Address,

A Edmund M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70634 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie A. Queen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 222 Bruce St

Cause of Death, First (Primary), Infantile Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, October 25

Undertaker H Ross

Place of Business, 95 Lowry St

J. N. J. Englar M. D.
Medical Attendant.

Address, 394 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 70655 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Keller

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 46 E. Baltimore St

Cause of Death,
First (Primary), Enteric - perforation -
Second (Immediate), Hemorrhage

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 25

Undertaker Wendell Bros

Place of Business,

[illegible] M. D.
Medical Attendant.

Address 245 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 10636 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie R. Lara

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 69 Lombard

Cause of Death, First (Primary), Cerebritis

Second (Immediate), Coma

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 26th 1885

Undertaker Lemmy & Mitchell

Place of Business, 658 Broadway

E. Dillon M. D.
Medical Attendant.

Address, 69 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

Permit No. 70683 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Block.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 3 *Years,* 6 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 53 S. Fremont St.

Cause of Death. First (Primary). Malignant Diphtheria.

Second (Immediate). Cardiac Paresis.

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial Hebrew Cemetery

Date of Burial, Thurs Pm

Undertaker W Lilac

Place of Business, 101 Gough

B. L. Watts M. D.

Medical Attendant.

Address, 202 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 70638 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} # 124 Lee St.

Cause of Death, First (Primary), Croup

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Da.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Oct. 24th 83

Undertaker M. Corrigan

Place of Business, 227 Aisquith St. *Address* 101 S. Eutaw St.

Dr. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co[illegible]

No. [illegible]

Board of Health, City of Baltimore.

Permit No. 70639 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine McGovern

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 34 *Years.* *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 200 Chesnutt St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 Years

the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 25th 1883

Undertaker James P. Byrne

Place of Business, No 63 So Exeter *Address,* 171 No Carey St

Geo. E. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 70648 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October the 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wolfgang Louis Philipp Benhard Reinhard

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 224 West Fayette str

Cause of Death, First (Primary). Scarlatina cum Diphtheria

Second (Immediate). Septichaemia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, October the 26th 1883

Undertaker H. H. Ecker

Place of Business, 709 West Baltimore *Address,* 224 W. Fayette Street

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 70641 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1893
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edna Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 S. Gilmore

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct. 23. 1893

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

John Atwell M. D.,
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

2

Permit No. 7642

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24 ~~th~~ 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magret Kirchgessner

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* two *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 S. Eden

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivet's

Date of Burial, October 25 th

Undertaker, Weisel Fun

Place of Business, 35 Bank St

John A Schultz M.D.,

Medical Attendant.

Address, 1 E Lee Street, Eds

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6643 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hahnel

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 425 Canton Ave.

Cause of Death. First (Primary), Cerebro Bright's

Second (Immediate), Exhaustion,

Duration of Last Sickness, 3 mon ths

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 6th 1883

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 128 Park Ave

H. Georg Jr. Hahn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[f]

Board of Health, City of Baltimore.

Permit No. 16477 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Neuhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 7 *Months,* 7 *Days,*

Color, W.

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Her Lifetime

Place of Death, {Give street and Number.} 207 Eastern ave

Cause of Death, First (Primary), Valvular Disease of the Heart -- Hydrothorax

Second (Immediate). Apnoea

Duration of Last Sickness, Cyle hours

All the above Info matter should be furnished by the Physician.

Place of Burial, M. Carmel Cem

Date of Burial, Oct. 28. 1885

Undertaker H. Sanderson

Place of Business, 202 Aliceden Ave *Address,* 707 S. Broadway

J. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 10645 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Prue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 155 Hoffake St

Cause of Death. First (Primary). Apoplexy

Second (Immediate).

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 Oct 1883

Undertaker John C Schuck

Place of Business 765 Allen ave

E. Jolliman M. D.
Medical Attendant.

Address, 55 E Cath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 10646

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10646 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Burmeister

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 22 Years

Place of Death, {Give street and Number.} 114 Thames St.,

Cause of Death, First (Primary), Suicide by Hanging

Second (Immediate), Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 October 1883

Undertaker John C. Schuck

Place of Business, 265 Thames *Address,* Chas. M. Morfit M. D.

Coroner & Medical Attendant.

67 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to I[illegible] Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 3647 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Schäffer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 1 *Months* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death. { Give street and Number. } 252 N Eutaw Ave

Cause of Death, First (Primary). Scarlatina

Second (Immediate). Elampsia

Duration of Last Sickness, Two (2) Days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 25 1883

Undertaker Henry Hoech

Place of Business, 309 Entrance Address, Eutaw & Lanvale Sts

[illegible] M D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76648 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann D Dunning

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* 7 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 5 1

Place of Death. { Give street and Number. } 106 E. Pratt

Cause of Death, First (Primary),

Second (Immediate). Asthma

Duration of Last Sickness, 20 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 26th 1883 J G Connolly M. D.

Medical Attendant.

Undertaker I. Lorilz

Place of Business, # 156 W. Madison *Address,* Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore.

Permit No. 78629 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. Oct. 24th 1883

Full Name of Deceased. (Write legibly and spell correctly. If an infant not named, give names of parents.) Appolonia Steinbeiter

Sex, ~~Male~~ & Female. (Cross out the word not required in this line.)

Age, 36 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ & ~~Widower~~, (Cross out the word not required in this line.)

Occupation

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore. 36 yrs

Place of Death, (Give street and Number.) 13 Browns Lane

Cause of Death, First (Primary). Phthisis

Second (Immediate).

Duration of Last Sickness. One year

All the above information should be furnished by the Physician.

Place of Burial. Western Cem.

Date of Burial. Oct. 26 1883

Undertaker John P. Paulus

Place of Business, No 66. Fredk. *Address,* Carroll P.O., Balto Co

Jno. C. Holliday M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76600 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 4 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 282 Middle St

Cause of Death, First (Primary),

Second (Immediate) Inanition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 25 1883

Undertaker Morgan & Pyle

Place of Business, Mulberry St No 9 *Address,* 188 Franklin

D. J. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7657 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22° 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l Noah Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about Years, 4 weeks Months, Days,

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary)

Second, (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Oct 25 1883

Undertaker, William N Dorsey

Place of Business, No 62 East St

I was called to see this child once. It seemed to be suffering from non-nutrition. The party in charge said that it had been found by Policeman Berry Cor. Baltimore & Monroe St. I took no note of the case as I did not take it in charge. So I can give no other information concerning

J W Wright M. D.,

~~Medical Attendant.~~

Address, 55 N Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3622 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane McCarthy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* 7 *Days,*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn N. Y.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 2 Myrtle ave. & Saratoga St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 7 months.

the above information should be furnished by the Physician.

Place of Burial, N. Potts

Date of Burial, Oct 26th 83

Undertaker W. Cadogan

Place of Business, 227 Lombard

Louis C. Han M. D.
per E.H.K. Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7663

Board of Health, City of Baltimore.

Permit No. 7663 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Lupen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Provision Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Cor Mulberry st & Canoeleu ave

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness, a moment or less

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 27th 1883

Undertaker Danl McMahon

Place of Business, 551 W Fayette

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

14

Board of Health, City of Baltimore,

Permit No. 70624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~October~~ Oct 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Lee

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 211 E. Cary St.

Cause of Death {First, (Primary,) Apoplexy

{Second, (Immediate,) Hemiplegia

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, Oct 25th 1883

Undertaker, Henry McMechen

Place of Business, 550 N Fayette St

R. B. Benson M. D.
Medical Attendant.

Address, 157 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7665 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hannan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 681 W. Lexington St.

Cause of Death, First (Primary), Exostosis of Heart

Second (Immediate), Oedema of Lungs (Autopsy)

Duration of Last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 26th 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 240 Madison ave.

J. E. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20

Permit No. 70656

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin F Waelen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 190 Lanvale St -

Cause of Death, First, (Primary.) Diphtheria in Pharynx & Larynx

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Autumn - only seen by me day of death

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cemetery

Date of Burial, Oct 25

Undertaker, C W Bryant

Place of Business, 178 Penna Ave

Marburn Brown M.D.,
Medical Attendant.

Address, 58 McCulloh St -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7667 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23d October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. B. Comish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 Church St.

Cause of Death, First (Primary), Muco-enteritis from irritating ingesta

Second (Immediate), Asthenic - bronchitis et apnea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. A.

Date of Burial, Oct 26/83.

Undertaker J. P. Crowe

Place of Business, 95 Fran[illegible]

H. D. Gill M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10258 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Oct 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachial Ann Edwards

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 1 *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and Number.} 18 Binnie St

Cause of Death, First, (Primary,) Inflamation Sublungal Glands

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Lorrel Cemetry

Date of Burial, Oct 26th

Undertaker, J J LeCRs

Place of Business, 473 Jefferson

J. E. Prichard M. D.,
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 7665 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age,) *Years,* 8 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 10 Chestnut av

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Comet

Date of Burial, Oct 26 1883

Undertaker, J. J. Lick

Place of Business, 423 Lafayette av

Whitefield Kinney M. D.,
Medical Attendant.

Address, 152 E. Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10600 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kincel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bell Air Butler

Duration of Residence in the City of Baltimore, Son Cons

Place of Death, {Give street and Number.} 252 Fork Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 25

Undertaker B. Hasty

Place of Business, 52 West St *Address,* 246 Hanover

Thos Kinch Cottle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ~~illness~~kness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak~~er~~, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ~~color~~ and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 70661 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Doyal

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 7 *Months,* 15 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 95 E. Eager St

Cause of Death, First, (Primary,) Dyphtheria

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park, Cemetery

Date of Burial, Oct 26th 1883

Undertaker, H C Niedefelt

Place of Business, 96 Greenmount Ave

Silas A. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20662 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Elizabeth Cullen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 East St

Cause of Death, First, (Primary,) Infantile Remittent Fever

Second, (Immediate,)

Duration of Last Sickness, about five days

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Oct 26 1883

Undertaker, James P Byrne

Place of Business, No 63 S Howard St

D M Cathell M. D.,
Medical Attendant.

Address, 24 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7066

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70663 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moore Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 160 Virginia Street

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 26th 1883

James C. McShane M. D.
Medical Attendant.

Undertaker H. H. Mears

Place of Business, *Address,* 44 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24. 5 AM. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Elliott O'Donnell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* — 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 38 E Eager St

Cause of Death First, (Primary,) Tuberculosis.

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 26th 1883

Undertaker, Hellen[illegible] & Sons

Place of Business, Park Variety

L R. Coates *M. D.*
Medical Attendant.

Address, 118 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 70667 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reid Gardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, wht

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 26. E. Townsend

Cause of Death, First, (Primary,) Diabetes

Second, (Immediate,)

Duration of Last Sickness, 4 mo.

All the above information should be furnished by the Physician.

Place of Burial, Chambersburg Pa

Date of Burial, Octo 28/83

Undertaker, Arnold Mann

Place of Business, 35 E. Lex

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 10666 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23rd October, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Woods Alvarez.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy — *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Store-Keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, About 50 years.

Place of Death, {Give street and Number.} No. 86 S. Charles St. Baltimore

Cause of Death, First, (Primary,) Hemorrhage.

Second, (Immediate,) Hemorrhage from Bowels.

Duration of Last Sickness, About 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 26th " 83

Undertaker, C. F. Krause

Place of Business, .

W. C. Van Bibber M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7067 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Henry~~ Chas. Broecker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} # 215 Hanover St

Cause of Death, First (Primary), Accidentally Shot himself

Second (Immediate), While handling a Pistol

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Oct 26th/83

Undertaker C. P. Krauss

Place of Business,

Dr. J. Bell M. D.
Medical Attendant.

Coroner

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer.

Board of Health, City of Baltimore,

Permit No, 7668 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur N. Schuckmuke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 3 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 185 So. Regester

Cause of Death, First (Primary), Cerebritis

Second (Immediate). Asthenia

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oktober 26th 1883.

Undertaker Leonhard Kurz

Place of Business, 227. S. Bond Str.

P. L. Mettus M. D.
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7866

Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 25. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reuben Marshall.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Costumer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, { Give street and Number. } 3 Low St

Cause of Death, First (Primary), Paralysis.

Second (Immediate).

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 27th 1883

Undertaker John. R. McCoy

Place of Business, 22 W. Fayette St.

J. W. Hood M. D.
Medical Attendant.

Address, 55 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

16 Board of Health, City of Baltimore,

Permit No. 7067 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O Moody.

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* 19 *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, Eighteen Years.

Place of Death, {Give street and number} # 298 Mulberry St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del.

Date of Burial, October 27th 1883

Martin Pratt, M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont St. *Address,* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below to Be Found on List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 7671 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Busche

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.* 0

Color, W

~~Married, Single~~, Widow ~~or Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 50 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Aged Women's Home

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, Oct. 26 '83

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga *Address,* 1 Waverly Terrace

Geo. H. Lyster M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 7672 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lipschuetz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, white.

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and Number.} Corner of Gay and East St.

Cause of Death, First (Primary), Malarial Cachexia.

Second (Immediate) Marasmus.

Duration of Last Sickness, about 13 months.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew cemetery Har Sinai

Date of Burial, Oct. 26th, 1883

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 95 Park Ave.

A. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Permit No. 47673

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 25 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Donaldson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Port Deposit

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 26 Stiles St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Oct. 26. '83

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

J. G. Moyer *M.D.,*

Medical Attendant.

Address, 1. S. Exeter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 7667 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Injury

Place of Death, {Give street and Number.} 89 Monument ab

Cause of Death, First (Primary).

Second (Immediate). Heart Disease

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 26. 1883

Undertaker Chas Shumley

Place of Business 16 Orchard St

Alexander Tinsley M. D.
Medical Attendant.

Address, (Corner)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 7677 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Simmons

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 18 *Days,*

Color Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 53 Chamberlain

Cause of Death, First (Primary), Croup

Second (Immediate). Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 28

Undertaker Gilbert

Place of Business, ...

Jas F Parsons M. D.
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 1676 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathaniel Teakle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 89 *Years,* ..... *Months,* ..... *Days,*

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 53 Richmond St

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 27

Undertaker J Wallace

Place of Business, ...

Geo. H. Ronsan M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7677 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Linkus

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and Number.} 401 Alice Anna

Cause of Death, First (Primary), Dysentery

Second (Immediate), Hemorrhage from bowels

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct. 26th 83

Undertaker G. Frazer

Place of Business, Danks & Wolf *Address,* 117 S. Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7678 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Joseph Langdon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 1 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 910 Alabama st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, four days

All the above info matter should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 26th 83

Undertaker G. France

Place of Business, Penn & Mosher *Address,* 22 Jackson Place

Thomas P. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 70679 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Stack

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} S. E. Cor Howard & Saratoga

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 27th 1883

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 171 N. Eutaw

Geo Rayner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 70680 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml I. Bartholow

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* 16 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 346 Franklin St.

Cause of Death, First (Primary). Typhoid Fever

Second (Immediate). Intestinal Hemorrhage

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 28th 1883

J. H. Miller M. D.
Medical Attendant.

Undertaker F. Lewis Schaefer

Place of Business, #109 W. Fremont St *Address,* 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 70681 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Stevens

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 13 *Years,* —— *Months,* —— *Days,*

Color, Dark

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 33 Courtland St

Cause of Death, { First (Primary), Pneumonia

Second (Immediate). 5 days.

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28th 1883

Undertaker J J Locke

Place of Business, 1143 Jefferson St

Thos. E. Ward M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19 / 75682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen G. Bird

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* two *Months,* *Days.* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 38, N Mount St

Cause of Death, {First (Primary.) Acute Bronchitis / Second (Immediate.) Apnoea

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem Md

Date of Burial, Oct 27th 1883

Undertaker, Jno H McCoy

Place of Business, N 22 W Stapleton

Sam J Bolton M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 70683 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Gegerich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 33. *Years,* — *Months,* 8 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cabinetmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 310 Hanover St.

Cause of Death, First (Primary). Phthisis pulmonalis

Second (Immediate). Prostration

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, October 29

Undertaker B. Ward

Place of Business, 62 West St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 10684 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1863

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Gridzner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 Days

Place of Death, { Give street and Number. } N.W. Cor Lancaster & Bethel

Cause of Death, First (Primary), Convulsions

Second (Immediate), 3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, L. Co.

Date of Burial, Oct 27/63

Undertaker John Brown

Place of Business, 224 S Bethel

Geo. P. Brown M. D.

~~Medical Attendant~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi... invited to the Remarks Below, and to List of Diseases on Back of this Certificate

This Per...

Board of Health, City of Baltimore,

Permit No. 7068 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Connick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Brick burner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } 17 Plum Alley

Cause of Death, First (Primary). Exposure & Dissipation

Second (Immediate). Inflammation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, October 23/1883

Undertaker Ind A Peckham

Place of Business, 129 Washington Ave *Address,* 101 S Stricker St

Lot 1300 M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phys[illegible] is Respectfully Invited to the [illegible]

20

Board of Health, City of Baltimore.

Permit No. 7676 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wilhelm John

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* *Days,*

Color, Whit

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 15 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 7 Pattersons Lane

Cause of Death, First (Primary).

Second (Immediate). (Suicide) Cut his Throat and Razor

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 28. 1883

Undertaker F. Boehme

Place of Business, No 2 Gilmore Ave *Address,*

Alexander Finley M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Goodwin

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Anns Co. Md.

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 62 Holland Street

Cause of Death, First (Primary,) Brights Kidney Disease

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 28 1883

Undertaker, James F Byrne

Place of Business, No 63 N Frmont

A. J. Hudson M. D.
Medical Attendant.

Address 1137 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 3688 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 8 *Days,*

Color, Col'd.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 mo. 8 days

Place of Death, {Give street and Number.} 15 Little Pine Street

Cause of Death, First (Primary).

Second (Immediate). Convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, Oct 26 1883

Undertaker William N Dorsey

Place of Business, No 62 East St

B. S. Silcomb M. D.
Medical Attendant.

Address, 616 West Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7068 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 27 1883

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie O'Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, × *Years,* 19 *Months,* × *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 111 Eutaw St.

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Convulsion

Duration of Last Sickness, 4 ds.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 28th 1883

Undertaker, Henry Hoeck

Place of Business, 3 & 7 Centre St

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7699 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Hohman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 3 *Months,* - *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation not

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 101 Hillen St

Cause of Death, First (Primary), Croup.

Second (Immediate), asphyxia

Duration of Last Sickness, 7 dys -

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct 28th 1883

Undertaker Adam Funk

Place of Business, 461 S Bayst

D. Smith M. D.
Medical Attendant.

Address, 143 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7669 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanch. Mund

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 17 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Store Girl

Birthplace, { State or country, and how long in the United States. If of foreign birth. } Detroit. Indiana

Duration of Residence in the City of Baltimore 3 Weeks.

Place of Death, { Give street and Number. } 19 N. Gay

Cause of Death, First (Primary). Excessive bleeding from Pregnancy Fatty degeneration of Brain. Lungs Liver &c.

Second (Immediate). Exhaustion. Coma.

Duration of Last Sickness, Several Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 29th 83

Undertaker Wm. D. Hickman

Place of Business, 234 d. Gay St

Edward R. Duvall M. D.
Medical Attendant.

Address, 2 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 26th of October 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Adam Geesmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 11 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Bavaria) Twenty years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 New-Church-Str.

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Consumption

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cath. Adolph Buchner, M. D.

Date of Burial, Oct 29 1883 Medical Attendant.

Undertaker, J. Rosenberger

Place of Business, 20 Pine Alley *Address* 119 Bowers St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 71683 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 26.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lafayette Coleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, W. L. C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} No 3 Mills Alley

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 27th 1883

Undertaker Henry Myers

Place of Business, 27 E. Eden St.

Dr Groff. M. D.
Medical Attendant.

Address, 137. Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10694

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 3627 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct, 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Luppert

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Fruit Hand

Birthplace, { State or country, and how long in the United States, if of foreign birth. } France

Duration of Residence in the City of Baltimore, Dr not Know

Place of Death, { Give street and Number. } 20 N Frederick St

Cause of Death, First (Primary).

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Several Months = Over

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th 1883

Undertaker Henry Kramer

Place of Business, 60 E Fayette St

A Trzpkowski M. D.
Medical Attendant.

Address, 11 S Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 1695

Board of Health, City of Baltimore,

Permit No. 1695. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Drexel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, two years.

Place of Death, {Give street and Number.} # 255 8th Broadway.

Cause of Death, First (Primary), Typhoid-Malarial Fever

Second (Immediate).

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, S. Paulus Cemetary.

Date of Burial, 28th Oktober 1883.

Undertaker Leonhard Kurz

Place of Business, 277 S Bondstreet. John H. Kehlberger M. D.
Medical Attendant.

Address, 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No, 766 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan V. Clemmant

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 211 E Pratt St

Cause of Death, First (Primary),

Second (Immediate). Synovitis

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 29th 1883

Undertaker Henry J Mitchell

Place of Business, 65 S Broadway *Address,* 217 S Broadway

Nicholas L Dutton, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7697 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th, 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael E. Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 55 Collington Ave,

Cause of Death, First, (Primary,) Scarlet Fever -

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bloomers L

Date of Burial, Oct. 28

Undertaker, W. Duffy

Place of Business,

John P. Monmonier M. D.,
Medical Attendant.

Address, 57 N Chas & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7698 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizetta Richards.

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 121 Leadenhall St.

Cause of Death. First (Primary),

Second (Immediate). Diphtheritic Laryngitis.

Duration of Last Sickness, About 24 hours.

All the above Info matter should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 28th 1883

Undertaker C.F. Krause

Place of Business,

R. J. N. Tall *M. D.*
Medical Attendant.

Address, 152 Sharp St.

This Child had a Diphtheritic deposit on the Throat, & died from Cause, prior to the Operation of Tracheotomy. Diphtheria was present in the Family.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10699 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26 = 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Conley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ←

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 168 Hollins St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28th of October

Undertaker, Samuel Kafer

Place of Business, Cor Paca & Camden

John Neff M. D.,
Medical Attendant.

Address 206 N Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 16700 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Schoenbals

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 hours. ~~Years,~~ ~~Months,~~ *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 138 N Central Ave

Cause of Death. First (Primary). Premature birth (7th month)

Second (Immediate).

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 27th

Undertaker Fred Goede

Place of Business 27 S. Caroline St

W A Shuer M. D.
Medical Attendant.

Address, 138 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 29th DAY Oct

OF 19. THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH 67201 6/8/83 AND

ENDING WITH 70700 10/26/83 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: O Kline

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